## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000020694 Aug 15, 2000 8:00 am Secretary of State 1. Entity Name ATLANTIC FLOORING BROKERS INC. 08-15-2000 90010 041 \*\*\*550.00 Principal Place of Business 14300-SW-74-STREET+ H300 GW-74 STRI MIAMI FI -33183-MIAMI PL 39183-Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0475531 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name BRUKCE, FLAMM Street Address (P.O. Box Number is Not Acceptable) 9400 S DADELAND BLVD SUITE 100 FT. LAUDERDALE FL 3332 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRes. (2/00)TITI F Ωelete TITLE LEYY, RANDY 132 COURT LEVY, RANDY NAME NAME CR2E034 12323 S.W STREET ADDRESS 14300 GW-74TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Delete TITLE TITLE LEVY, DARRYL NAME NAME STREET ADDRESS 14300 SW 74TH-CT-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITI F ☐ Delete TITLE LEVY 3 LEVY, ABE NAME NAME 132 COURT -14300 SW-74TH-ST--STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL **Change** Addition ☐ Delete TITLE LEVY, ELAINE NAME NAME STREET ADDRESS -14300 SW 74TH ST-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

8 1100 305-9717300