

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90055 027 ***158.75

DOCUMENT # P95000054491

1. Entity Name

UNITED FLOORING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

270 W 31 ST.

Suite, Apt. #, etc.

3. Mailing Address

270 W 31 ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

65-0598629

Applied For

Not Applicable

Zip

33012

Country

U.S.A

Zip

33012

Country

U.S.A

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ALFREDO MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

270 W 31 ST.

City

HIALEAH

FL

Zip Code

33012

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.

ALFREDO MARTINEZ

(NOTE: Registered Agent signature required when reinstating)

4/23/2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution, ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPT	MARTINEZ, ALFREDO	270 W 31 ST	HIALEAH, FL 33012
DSVP	MARTINEZ, JOSEFINA C	270 W 31 ST	HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
ALFREDO MARTINEZ

4/23/02 (305) 885-7236

Date

Daytime Phone #

CR2E034B (12/01)