

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051390

1. Entity Name

ADVANCE FLOORING BROKERS, INC.

Principal Place of Business

10361 SW 9 LANE  
PEMBROKE PINES FL 33025  
US

Mailing Address

10361 SW 9 LANE  
PEMBROKE PINES FL 33025  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BAQUEDANO, FELIX  
10361 SW 9 LANE  
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

12/23/00

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

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 P BAQUEDANO, FELIX LOUIS  
STREET ADDRESS 10361 SW 9TH LANE  
CITY-ST-ZIP HOLLYWOOD FL 33025

TITLE NAME T BAQUEDANO, MARIA C  
STREET ADDRESS 318 NW 107 AVE UNIT 5  
CITY-ST-ZIP MIAMI FL 33172

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
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 fee empowered.

SIGNATURE:

SIGNATURE REQUIRED FELIX L. BAQUEDANO

Date

Daytime Phone #

FILED  
00 DEC 28 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

4. FEI Number 65-0673196

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SP

CR2E034 (5/00)