FILED

Feb 27, 2002 8:00 am Secretary of State

02-27-2002 90050 049 ***150.00

HUUJAJJA

2002 UNIFORM BUSINESS REPORT (UBR)

P97000036452

1. Entity Name

DOCUMENT #

FLOORS & MORE OF MIAMI INC.

Principal Place of Business

8281 NW 7 STREET **MIAMI FL 33126**

Mailing Address

8281 NW 7 STREET

MIAMI FL 33126

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Country

.....6. Name and Address of Current Registered Agent

Zip

Country

4. FEI Number

65-0746571

Applied For Not Applicable

> \$8.75 Additional Fee Required

5. Certificate of Status Desired 7. Name and Address of New Registered Agent,

DO NOT WRITE IN THIS SPACE

GUTIERREZ. RONALD 8281 NW 7 STREET MIAMI FL 33126

(See criteria on back)

Name

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

City

(NOTE: Registered Agent signature required when reinstating)

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

TITLE

TITLE

Zip

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition **GUTIERREZ, RONALD** NAME NAME STREET ADDRESS **8281 NW 7 STREET** STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **GUTIERREZ, CYNTHIA** NAME STREET ADDRESS 8281 NW 7 STREET STREET ADDRESS CITY"ST"ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete STREET ADDRESS

CITY-ST-ZIP ☐ Delete

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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:

☐ Change

☐ Change

Change

Addition

☐ Addition

Addition

CR2E034 (9/01)