

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057776

1. Entity Name

MIAMI NICE FLOORS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90082 011 ***150.00

Principal Place of Business

Mailing Address

20251 NW 42ND AVENUE
MIAMI FL 33055

20251 NW 42ND AVENUE
MIAMI FL 33055-1334

2. Principal Place of Business

3. Mailing Address

9692 S.W. 154 PL.
Suite, Apt. #, etc.

9692 S.W. 154 PL.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0765590

Applied For

Not Applicable

Zip

33196

Country

USA

Zip

33196

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, FRANCISCO
20251 NW 42ND AVENUE
MIAMI FL 33055

Name

ROY E. ARIAS

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

9692 S.W. 154 Place

City

MIAMI

FL

Zip Code

33196

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

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 \$150.00

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS
NAME RODRIGUEZ, FRANCISCO
STREET ADDRESS 20251 NW 42ND AVENUE
CITY-ST-ZIP MIAMI FL 33055

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DVP
NAME ARIAS, ROY
STREET ADDRESS 9692 SW 154TH PLACE
CITY-ST-ZIP MIAMI FL 33196

☐ Delete

TITLE President
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)