

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023346

1. Entity Name:

FLOOR CONNECTION INTERNATIONAL, INC.

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91435 012 ***150.00

Principal Place of Business

1300 STIRLING ROAD SUITE 3A
DANIA FL 33004

Mailing Address

1300 STIRLING ROAD SUITE 3A
DANIA FL 33004

2. Principal Place of Business

FLOOR CONNECTION INT'L - SAME

Suite, Apt. #, etc.

2692 E ATLANTIC

City & State

POMPANO BEACH

Zip 33062

Country

FLORIDA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0818487

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARILLA, DOMENICO
1300 STIRLING ROAD SUITE 3A
DANIA FL 33004

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

Domenico Barilla

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 1 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BARILLA, DOMENICO	
STREET ADDRESS	1300 STIRLING ROAD SUITE 3A	
CITY-STATE-ZIP	DANIA FL 33004	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
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CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered.