2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000029295 **DOCUMENT #**

1. Entity Name

ARIANNE FLOORS, INC.



FILED									
Apr 28, 2003 8:00 am									
Secretary of State									
04-28-2003 91311 012 ***150.00									

Principal Plac 12683 N.W. 91 MIAMI FL 3310 US						T1054201				
2. Principal P	ace of Business	3. Mailing Add	3. Mailing Address				1111 46 111 10 114 11 1	(B B B B B B B B B B	30101 0 111 1801	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number 65-0824775 Applied For Not Application				
Zip	Country	Zip	Zip Coun		5. C	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						
				Name						
	HI, JORGE E V. 9TH WAY		Street Add	lress (P.O. Bo	ox Number is Not Acceptable	e)				
MIAMI FL 33182					·				_	
				City			FL	Zip Code	е	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				-111		9. Election Campaign Fi Trust Fund Contribution	~ ~		0 May Be I to Fees	
10.	OFFICERS AI	ND DIRECTORS	11	I	ADI	DITIONS/CHANGES TO OFF	FICERS AND D	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUZZACCHI, JORGE E 12683 N.W. 9TH WAY MIAMI FL 33182		N/	ILE AME REET ADDRESS TY-ST-ZIP			ţ	Change	☐ Addition	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3058608618