

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000034448**1. Entity Name
FLOOR DESIGN, INC.**FILED**
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90202 001 ***150.00

Principal Place of Business

**1750 SW 138 CT
MIAMI FL 33175**

Mailing Address

**1750 SW 138 CT
MIAMI FL 33175**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 33245**Miami, FL****33145**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0850819**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROTHLEIN, JAY ESQ
930 WASHINGTON AVENUE SUITE 209
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **Roberto Perez**

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

1914 S.W. 17 COURTCity **Miami****FL**Zip Code
33145

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Roberto Perez 1-17-019. 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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CRUZ, FELIX
1750 SW 138 CT
MIAMI FL 33175** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PEREZ, ROBERT
1914 SW 17 CT
MIAMI FL 33145** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CRUZ, VINCENTE
1750 SW 138 CT
MIAMI FL 33175** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-01 786 36 73803

CR2E034 (10/00)