

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0241260

PROFIT
CORPORATION
ANNUAL REPORT
2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -6 PM 3:00

SECRETARY OF STATE



DOCUMENT # P98000044221

1. Corporation Name

ORLANDO'S CUSTOM WOOD FLOORS, INC.

Principal Place of Business

4615 NW 72 AVE. BAY 104
MIAMI FL 33166

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MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

65-0839275

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 7167 NW 52 ST

Suite, Apt. #, etc.

22 City & State
23 MIAMI, FL

24 33166 25 DADE

2a. Mailing Address

26 7167 NW 52 ST

Suite, Apt. #, etc.

27 City & State
28 MIAMI, FL

29 33166 30 DADE

9. Name and Address of Current Registered Agent

LAZARO, MIRTHA
4615 NW 72 AVE, BAY 104
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7167 NW 52 STREET

83

84 City
MIAMI

85 Zip Code
FL 33166

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LAZARO, ORLANDO
STREET ADDRESS 4615 NW 72 AVE, BAY 104
CITY-ST-ZIP MIAMI FL 33166

TITLE D ☐ DELETE
NAME LAZARO, MIRTHA M
STREET ADDRESS 4615 NW 72 AVE, BAY 104
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME LAZARO, ORLANDO
1.3 STREET ADDRESS 7167 NW 52 STREET
1.4 CITY-ST-ZIP MIAMI, FL 33166

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME LAZARO, MIRTHA M
2.3 STREET ADDRESS 7167 NW 52 STREET
2.4 CITY-ST-ZIP MIAMI, FL 33166

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 500005556245--3
3.3 STREET ADDRESS -05/17/02--01015--011
3.4 CITY-ST-ZIP ***1200.00 ***1200.00

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)

SIGNATURE: X SIGNATURE REQUIRED

8/01/01 305-594-1969