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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000059182 1. Corporation Name

MAIN FLOOR, INC.

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90144 018 \*\*\*150.00



Data size - LDI	o of Dualness	Mailing Address		T   MB4   DB4   LB   LB   LB   LB   LB   LB   LB	6 MISÍM IMIMI CIMMY II	M118 1184 1881
Principal Plac	e.	-			,	
530 LINCOLN I		530 LINCOLN RD. STE 200 MIAMI BEACH FL 33139				
MIAMI BEACH	FE 33139	MIAMI BEAGH FL 33139		DO NOT WRITE IN THIS	SPACE	
				3. Date incorporated or Qualifed		
	1			07/01/1998		1
2. Principal P	Place of Business.	2a. Mailing Address		4. FEI Number	App	lied For
21		26		65-0847996	· Not	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Ad	dditional
22		27	-	. 5. Certificate of Status Desired	Fee Req	luired,
City & Stat	te .	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible	
24	25	29 30	5]	Personal Property Tax.	☐ Yes [	□No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	Agent	
			81 Name	ARRY WALLOWSTEN		
MOI	ntague; Jason M			dress (P.O. Box Number is Not Acceptable)		
530	LINCOLN RD, STE 200		52 Sileet Aud	LINCOLN ROAD SUTE 200	·.	
MIA	MI BEACH FL 33139		83		ί.	
					*****	
			84 City	<i>lamı Be</i> ac <i>H</i> Fl	85 Zip Co	
11 Purcuant	to the provisions of Sections 607/0503	Draw 607 1508 Florida Statutes	the above-named cor	poration submits this statement for the purpose of		
· · · Fulsualit	- to the provisions of beddens approved	Florida Such change was auth	orized by the corporat	tion's board of directors. I hereby accept the appo-	intment as regi	istered
office or i	registered agent, or bour, in the plate	or londa. Sign change was duti		acite ocale of all colors and a line and a l	<i>C</i> =	í
office or i agent. I a	am familiar with, and accept the obligation	ions of Section 607.0505, Florida	a Statoles	poration submits this statement for the purpose of the board of directors. I hereby accept the appoints board of directors.	195	{
office or i agent. I a SIGNATURE	N Mach	No.	/ //	/2/	25	
SIGNATURE	Signature, typed or partied name of registered agent	it and title if applicable. (NOTE: Re	gistered Agent signature requir	/2/	<i>U</i>	
SIGNATURE	Signature, typed or partied name of registered agent	No.	gistered Agent signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	<i>U</i>	
SIGNATURE 12.	Signature, typed or partied name of registered agent	it and title if applicable. (NOTE: Re	ngistered Agent signature requirement 13.  1.1 TITLE D	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A  DIRECTOR.	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or partied name of registrater agent	it and title if applicable. (NOTE: Re	rgistered Agent signature requirements 13.  1.1 TITLE  1.2 NAME	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A  DIRECTOR.  OLICHAGI VOUNA	ND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or partied name of registrater agent	it and title if applicable. (NOTE: Re	13. 1.1 TITLE D 1.2 NAME 1.3 STREET ADDRESS 5.3	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A  DIRECTOR.  1 ICH461 YOUNG  30 LINCOLN ROND, SUITE 200	ND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or partied name of registrater agent	t and title if applicable. (NOTE: ReD DIRECTORS	gistered Agent signature requirements  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A  DIRECTOR.  OLICHAGI VOUNA	ND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or partied name of registrater agent	it and title if applicable. (NOTE: Re	13. 1.1 TITLE D 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A  DIRECTOR.  1 ICH461 YOUNG  30 LINCOLN ROND, SUITE 200	ND DIRECTOR	RS IN 12
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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 an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP .

TITLE

NAME

□ DELETE

Change

☐ Addition