FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 02, 2001 8:00 am DOCUMENT # P/800 00 7/826 Secrétary of State Contract Flooring Specialists, Two 07-02-2001 90002 023 ***150.00 Principal Place of Business 1825 W 44PL 1825 W 44A #1008 HIALEAH, FL 33009 #1008 HIALEAH, FL 33009 C0072272 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65 -0857522 City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLEISCHMAN, EDWARD M. 1825 N. 44 PL Street Address (P.O. Box Number is Not Acceptable) HIALEAA, FL 33009 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Addition NAME EISCHMAN Edward NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Délete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE: ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/01

(305)796-7236

CONTRACT FLOORING SPECIALISTS, INC.

EDWARD M. FLEISCHMAN 1825 West 44th. Place #1008

HIALAEAH, FL. 33012

June 12, 2000

C0078878

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Utachment Da

Re: Administrative Dissolution or Revocation P98000071826 Federal I.D. # 65-0857522

Gentlemen:

Enclosed please find our check in the amount of \$150.00, dated 6/12/2001, #1865, for our annual Corporate fees. As per a conversation with one of your employee's we are sending you our check. We hope that you will accept this check and waive any and all penalties, which we may have incurred due to this form not being filled when due. We had not previously received this form. This is the second year in a row that we have not received this form in a timely manner. *Please note new address*.

Your anticipated cooperation would be greatly appreciated. Thanking you in advance.

Very truly yours,

EDWARD M. FLEISCHMAN

PRESIDENT Edward M. Fleischmer

Enclosures