2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am P98000077759 DOCUMENT # **Secretary of State** 1. Entity Name R & F FLOORING SERVICES, INC. 02-13-2002 90194 029 ***150.00 Principal Place of Business Mailing Address Aカアルモsラ 2512 GULFSTREAM DRIVE 2512 GULFSTREAM DRIVE HANGE MIRAMAR-FL 33023-4645 MIRAMAR FL 33023-4645 2. Principal Place of Business 3. Mailing Address COLLIER 4735 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0862577 AKE Not Applicable LAKE Country Zip \$8.75 Additional 5. Certificate of Status Desired 3346 3346 B USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVESTRE, RAMON J Street Address (P.O. Box Number is Not Acceptable) 4735 CollIER RD. -2512 GULFSTREAM DRIVE--MIRAMAR FL-33023-4645-LAKE WORTH FL City Zip Code 33463 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 _ DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition ☐ Delete TITLE TITLE SILVESTRE, RAMON J NAME NAME 4735 Collier RD STREET ADDRESS 2512 GULFSTREAM DRIVE STREET ADDRESS AKE WORTH FL 33463 MIRAMAR FL 33023-4645 CITY-ST-7IP CITY-ST-ZIP Change Change Addition ☐ Delete TITLE 4735 COLLIER RD SILVESTRE, FILOMENA C NAME NAME STREET ADDRESS STREET ADDRESS 2512 GULFSTREAM DRIVE AKE WORTH FL 33463 CITY-ST-7IP CITY-ST-ZIP MIRAMAR FL 33023-4645 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

C. SILVESTRE 1-27-02 561-963-0623

FILED

CR2E034 (9/01)