

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 8:00 am**
Secretary of State

02-27-2001 90307 023 ***150.00

DOCUMENT # P98000103923

1. Entity Name

BROWARD WHOLESALE FLOORING, INC.

Principal Place of Business

**224 N.E. 33RD STREET
FT. LAUDERDALE FL 33334**

Mailing Address

**224 N.E. 33RD STREET
FT. LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0884019**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MOORE, DAVID
5319 NORTH DIXIE HIGHWAY
FT. LAUDERDALE FL 33334**

Name

SAME

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

6003 NW 31st Avenue

City

Ft. Lauderdale**FL**

Zip Code

33309

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)

DATE

9. 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBLAKER, LEE 224 N.E. 33RD STREET FT. LAUDERDALE FL 33334	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Lee C. DeBlaker 2/20/01

Date

(954) 564-1401

Daytime Phone #

CR2E034 (10/00)