

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90039 004 ***150.00

DOCUMENT # **P99000016355**
 1. Entity Name **Traditional Hardwood Floor Mills, Corporation**

Principal Place of Business: **6495 Indian Creek #02 Miami Beach, FL 33141**
 Mailing Address: **P.O. Box 441 6538 Collins Ave. Miami Beach, FL 33141**

C0053297

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. # etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. # etc. City & State Zip Country

4. FEI Number: **65-0899462** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Norka Calvo
10195 SW 800 ST.
Miami FL 33157-8630

7. Name and Address of New Registered Agent
 Name: **Carlos F. Victoria**
 Street Address (P.O. Box Number is Not Acceptable): **19709 NW 85 CT.**
 City: **Miami** FL Zip Code: **33015**

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: **Carlos F. Victoria** DATE: **3-20-00**

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, 2000 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

TITLE	President / Secretary	<input type="checkbox"/> Delete
NAME	Wlamia Venturini	
STREET ADDRESS	6495 Indian Creek #2	
CITY-ST-ZIP	Miami Beach FL 33141	
TITLE	Vice Pres.	<input type="checkbox"/> Delete
NAME	Roberto Carchano	
STREET ADDRESS	8066 NW 10 ST. UNIT 5	
CITY-ST-ZIP	Miami FL 33126	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Carlos F. Victoria	
STREET ADDRESS	19709 NW 85 CT	
CITY-ST-ZIP	Miami FL 33015	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Wlamia Venturini - Wlamia Venturini** DATE: **3-20-00** DAYPHONE/FAX # **(305) 867-8756**

CR2E034 (9/99)