## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2001 8:00 am Secretary of State DOCUMENT # P99000016355 1. Entity Name TRADITIONAL HARDWOOD FLOOR MILLS, CORPORATION 05-14-2001 90211 025 \*\*\*150.00 Mailing Address Principal Place of Business 175 FONTAINEBLEAU BLVD., SUITE I-R13 175 FONTAINEBLEAU BLVD., SUITE I-R13 MIAMI FL 33172-4511 MIAMI FL 33172-4511 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0899462 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VICTORIA, CARLOS F Street Address (P.O. Box Number is Not Acceptable) 19709 NW 85 COURT HIALEAH FL 33015 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (10/00) Change ☐ Delete TITLE TITLE NAME VENTURINI, WLAMIR NAME STREET ADDRESS STREET ADDRESS 6495 INDIAN CREEK #2 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33141** Change Addition ☐ Delete TITLE TITLE CARCHANO, ROBERT NAME NAME 8066 NW 10 STREET UNIT 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33126** Change - \_ Addition ☐ Delete — TITLE ᆁᆓᆟᇝᇎᇎᆒ TITLE VICTORIA, CARLOS F NAME NAME 19709 NW 85 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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13. I 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 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 products 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 parties like empowered.

SIGNATURE:

| Chapter 607 | Signature and type on Printed Name of SIGNING OFFICER OR DIRECTOR