2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000030213

1. Entity Name

FLORIDA WOOD FLOORS, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90132 038 ***150.00

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Principal Plac 3395 NW 7970 MIAMI FL 331	e of Busines	g Address NW. 79TH AVENUE I FL 33122	'ENUE . ,				a		aguna Seles	an - 1 % a s			
2. Principal F	Place of Busin	ness	3. Mai	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HER	E IF MAKIN	IG CHANGES		
City & Stat	e		City	City & State				4. FEI Number 65-0908149 Applied For Not Applicable					}
Zip Country			Zip		Count	Country		5. Certificate	of Status Desired	ı 🗆	\$8.75 Add		
	6. Name	and Address of Currer	nt Registere	ed Agent				7. Name and	Address of New	Registered	Agent		
GLINSKY, MICHAEL 169 EAST FLAGLER ST							Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 11		SI .								•			
MIAMI FL	33131									F	Zip Cod	le	
	named entit	y submits this statement ered agent.	for the purp	ose of changing its	registere	ed office or i	register	ed agent, or bo	th, in the State of	Florida. I an	n familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if app	licable. (NOTI	E: Registered	d Agent signatur	re required	when reinstating)		DATE	-03		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									ection Campaign ust Fund Contribu			O May Be d to Fees	
10.	F	OFFICERS AN	D DIRECTO	RS	11,				/CHANGES TO O	FFICERS AN	ND DIRECTOR	. 7	١,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Malca, D 3395 NW Miami Fl	79TH AVENUE		☐ Delete			PR	ESIDEN	¥T		Change	Addition	20,07, 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALE	z, andees 79th avenue		☐ Delete	TITLE NAME STREE	:	V14	E- PRES NZALEZ	IDENT , ANDRE	:S.	Change	⊠ Addition	ן ניי
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i i					☐ Change	☐ Addition	!
indicated	on this repo	e information supplied w rt or supplemental report ne receiver or trustee em achment with an address	is true and	accurate and that n	nv signat	ure shall ha	ive the s	same legal effe	ct as if made unde	er oath: that	I am an officer	or director	

SIGNATURI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-0

305-591-8789

Daytime Phone #

CRZE