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FILED
Jun 10, 2002 8:00 am
Secretary of State
05-21-2002 91216 037 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065335

1. Entity Name
All Temple Flooring & Associates, INC

[redacted]

92271

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2365 NE 187 St	2365 NE 187 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach	City & State: N. Miami Beach
Zip: 33180 Country: DADE	Zip: 33180 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0935785 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Jacqueline Birnbaum
Street Address (P.O. Box Number is Not Acceptable): 2365 NE 187 Street
City: NMB FL Zip Code: 33180

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: Jacqueline Birnbaum 4-30-02
Signature, type/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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	Jacqueline Birnbaum	NAME	
STREET ADDRESS	2365 NE 187 St	STREET ADDRESS	
CITY-ST-ZIP	NMB, FL 33180	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Brett Birnbaum	NAME	
STREET ADDRESS	2365 NE 187 St	STREET ADDRESS	
CITY-ST-ZIP	NMB, FL 33180	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Jacqueline Birnbaum	NAME	
STREET ADDRESS	2365 NE 187 St	STREET ADDRESS	
CITY-ST-ZIP	NMB, FL 33180	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Brett Birnbaum	NAME	
STREET ADDRESS	2365 NE 187 St	STREET ADDRESS	
CITY-ST-ZIP	NMB, FL 33180	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline Birnbaum 4/30/02 305 682 8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #