

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 679781**

1. Entity Name

**THE BEST CARPET CLEANING SYSTEM, INC.**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90167 027 \*\*\*150.00

Principal Place of Business <b>4840 N.W. 184TH TERR MIAMI, FL 33055 P. O. BOX 60563 N. MIAMI FL 33160</b>	Mailing Address <b>P.O. BOX 60563 NORTH MIAMI BEACH FL 33160</b>
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DO NOT WRITE IN THIS SPACE

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 **59-2015923** Applied For   
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TARRADELL, EUSEBIO F.**  
**4840 NW 184 TERR.**  
**MIAMI FL 33055**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 \_\_\_\_\_  
 City **FL** 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 \_\_\_\_\_ (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, 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**

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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CRISTANCHO, CARLOS</b>
STREET ADDRESS	<b>400 KINGS POINT DR 724</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>CRISTANCHO, LUZ M.</b>
STREET ADDRESS	<b>400 KINGS POINT DR, 724</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CRISTANCHO, LUZ CAROLINA</b>
STREET ADDRESS	<b>400 KINGS POINT DR. #724</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CRISTANCHO-TEJEDA, KARINA</b>
STREET ADDRESS	<b>400 KINGS POINT DR. #724</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Luiz M. Cristancho*

*4/26/00*