

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90009 034 ***150.00

DOCUMENT # 679781

1. Entity Name
THE BEST CARPET CLEANING SYSTEM, INC.



Principal Place of Business
4840 N.W. 184TH TERR MIAMI, FL. 33055
P. O. BOX 60563
N. MIAMI FL 33160

Mailing Address
P.O. BOX 60563
NORTH MIAMI BEACH FL 33160



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P** ☐ Delete
CRISTANCHO, CARLOS
STREET ADDRESS **400 KINGS POINT DR 724**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **ST** ☐ Delete
CRISTANCHO, LUZ M.
STREET ADDRESS **400 KINGS POINT DR, 724**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☐ Delete
CRISTANCHO SEGAL, LUZ CAROLINA
STREET ADDRESS **400 KINGS POINT DR. #724**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **68-055 Akula Street #402**
CITY-ST-ZIP **WAIKALUA, HI 96791**

TITLE
NAME **D** ☐ Delete
CRISTANCHO, KARINA
STREET ADDRESS **400 KINGS POINT DR. #724**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Carlos Cristancho*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)