

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P93000082284**

1. Entity Name  
**NEW BORN CARPET CLEANING, INC.**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90171 043 \*\*\*150.00

Principal Place of Business <b>19000 N. BAY ROAD NORTH MIAMI BEACH FL 33160 US</b>	Mailing Address <b>19000 N. BAY ROAD NORTH MIAMI BEACH FL 33160-2324 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>18520 N. BAY ROAD</b> Suite, Apt. #, etc.	3. Mailing Address <b>18520 N. BAY ROAD</b> Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-3213896</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MEHDI DANAI  
19000 N. BAY ROAD  
STE. 1  
NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**18520 N. BAY ROAD**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D P DANAI, MEHDI 19000 N. BAY ROAD NORTH MIAMI BEACH FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18520 N. BAY ROAD</b>
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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: Mehdi Danai MEHDI DANIA 3/23/00 305 931-2203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)