

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024838

1. Entity Name

S & S RUGS CORPORATION

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90115 033 \*\*\*150.00

Principal Place of Business 1200 N W 167TH STREET MIAMI FL 33169	Mailing Address 1200 N W 167TH STREET MIAMI FL 33169-5310
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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 <b>65-0908541</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SOMARRIBA, NICOLAS S**  
**769 S W 138TH AVENUE**  
**MIAMI FL 33175**

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	
TITLE D <input type="checkbox"/> Delete	SOMARRIBA, SERVIO 1200 N W 167TH STREET MIAMI FL 33169
TITLE D/P/T <input type="checkbox"/> Delete	SOMARRIBA, NICOLAS. 1200 NW 167 ST MIAMI FL 33169
TITLE NAME <input type="checkbox"/> Delete	
TITLE NAME <input type="checkbox"/> Delete	
TITLE NAME <input type="checkbox"/> Delete	
TITLE NAME <input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D/P/T SOMARRIBA, NICOLAS 1200 NW 167 ST MIAMI, FL 33169
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* **REQUIRED** Date: **4/20/2000** (305) 623-9642  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #