

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90089 045 ***150.00

0250230 AV

DOCUMENT # 188378

1. Entity Name
CARPET MART A CORPORATION

Principal Place of Business

**12645 SO DIXIE HWY
 MIAMI FL 33156
 US**

Mailing Address

**12645 SO DIXIE HWY
 MIAMI FL 33156
 US**

2. Principal Place of Business

**8888 S.W. 129 TERR.
 Suite, Apt. #, etc.**

3. Mailing Address

**8888 S.W. 129 TERR.
 Suite, Apt. #, etc.**

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

U.S.A.

Zip

33176

Country

U.S.A.

4. FEI Number

59-0575800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PLOTKIN, ROBERT
 12645 SOUTH DIXIE HWY
 MIAMI FL 33156**

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

Signature, typed 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. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **TD** ☐ Delete
 NAME **PLOTKIN, ROBERT**
 STREET ADDRESS **12645 SO DIXIE HWY**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SDT** ☐ Delete
 NAME **PLOTKIN, SHARON**
 STREET ADDRESS **12645 SO DIXIE HWY**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ Change ☐ Addition
 NAME **ROBERT PLOTKIN**
 STREET ADDRESS **8888 S.W. 129 TERR.**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **SDT** ☐ Change ☐ Addition
 NAME **PLOTKIN, SHARON**
 STREET ADDRESS **8888 S.W. 129 TERR.**
 CITY-ST-ZIP **MIAMI, FL 33176**

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

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

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

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE: ROBERT PLOTKIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)