## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # F95160** May 16, 2000 8:00 am Secretary of State 1. Entity Name BROWARD CARPET CLEANING, INC. 05-16-2000 90060 044 \*\*\*150.00 Mailing Address Principal Place of Business 1009 SE 7 ST 1009 SF 7 ST FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301-3023 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2426074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDEN, SCOTT Street Address (P.O. Box Number is Not Acceptable) 644 SE 4 AVENUE FT LAUDERDALE FL 33301 Zip Code City 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 DATÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Addition Q Delete TITLE ADAMS, RICHARD E NAME NAME STREET ADDRESS STREET ADDRESS 1009 SE 7TH STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition Delete TITLE TITLE steven Goussmith NAME STREET ADDRESS 11211 S. MILITARY TRAIC STREET ADDRESS 33434 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH ☐ Change ☐ Addition TITLE TITLE GOLDSMITH NAME NAME STREET ADDRESS STREET ADDRESS عاديجح CITY-ST-ZIP Beach Ploning CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 single overed.