

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95160

1. Entity Name
BROWARD CARPET CLEANING, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90072 039 ***150.00

Principal Place of Business
**11211 SOUTH MILITARY TRAIL
#3922
BOYNTON BEACH FL 33436**

Mailing Address
**644 SE 4TH AVE
FT LAUDERDALE FL 33301**

2. Principal Place of Business
**5521 WINSTON BLVD
Suite, Apt. #, etc.
#102**

3. Mailing Address
**5521 WINSTON PK BLVD.
Suite, Apt. #, etc.
#102**

City & State
**COCONUT CREEK FL
Zip
33073
Country
USA**

City & State
**COCONUT CREEK FL
Zip
33073
Country
USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2426074**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOLDEN, SCOTT
644 SE 4 AVENUE
FT LAUDERDALE FL 33301**

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

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, 2001 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 **P** ☐ Delete
NAME **GOLDSMITH, STEVEN**
STREET ADDRESS **11211 SOUTH MILITARY TRAIL**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VP** ☐ Delete
NAME **GOLDSMITH, ANA B**
STREET ADDRESS **11211 SOUTH MILITARY TRAIL**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)