

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **G97985**

1. Entity Name
THE CARPET MEDICS, INC.

Principal Place of Business 6260 N.W. 19 STREET PO BOX 130356 SUNRISE 33313 FL	Mailing Address 6260 N.W. 19 STREET PO BOX 130356 SUNRISE 33313 FL
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2. Principal Place of Business 1808 S.W. 14TH ST	3. Mailing Address 1808 SW 14TH ST
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
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Zip 33312	Country	Zip 33312	Country
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4. FEI Number 59-2396234	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAWSON, JOSEPH R., ESQUIRE
320 DAVIE BLVD.

FT. LAUDERDALE
33315
US

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 _____ DATE **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	☐ Delete
NAME	FARBER DENNIS	
STREET ADDRESS	1808 S.W. 14 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE	☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: **DENNIS FARBER**

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)