

2001 UNIFORM BUSINESS REPORT (UBR)

06-19-2001 90009 046 ***150.00

DOCUMENT # K12677

1. Entry Name

A-AFOODABLE Carpet & Maintenance Inc

FILED

01 JUN 28 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7520 NW 8TH ST. MIAMI, FL. 33126 US	Mailing Address 7520 NW 8TH ST. MIAMI, FL. 33126 US
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2. Principal Place of Business 30 NE 39TH ST. Subj. Apt #, etc.	3. Mailing Address 30 NE 39TH ST. Subj. Apt #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL. 33137	City & State MIAMI, FL. 33137	4. FEI Number 65-0022442	Applied For Not Applicable
Zip US	Zip US	5. Certificate of Status Desired <input type="checkbox"/>	\$2.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMIREZ, NORA 15608 SW 62ND TERRACE MIAMI, FL. 33193	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, hand or printed name of registered agent and title if applicable (MCA, Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so <input type="checkbox"/>	10. Election Campaign Financing Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD RAMIREZ, NORA 15608 SW 62ND TERRACE MIAMI, FL. 33193	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP S NARANJO, IVETTE 555 NW 15TH ST. #16G MIAMI, FL. 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 305 4380233 Ivette	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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 118.07(3)(b), 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 or without the empowerment.

SIGNATURE: *[Signature]* 4/27/01 (305)382-7382
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR