

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K41770**

1. Entity Name

THE CRYSTAL CARPET, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90071 001 ***150.00

Principal Place of Business

Mailing Address

**C/O THOMAS WICHELE
80 CYPRESS AVE.
WEST PALM BEACH FL 33415**

**C/O THOMAS WICHELE
80 CYPRESS AVE.
WEST PALM BEACH FL 33415-2402**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0109976**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WICHELE, THOMAS
80 CYPRESS AVE
WEST PALM BEACH FL 33415**

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WICHELE, THOMAS	
STREET ADDRESS	80 CYPRESS AVE	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WICHELE, ARLENE	
STREET ADDRESS	80 CYPRESS AVE	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Arlene Wichele **ARLENE WICHELE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00 561-183-5342

Date

Daytime Phone #

CR2E034 (9/99)