

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0008848

DOCUMENT # L02000027972

1. Entity Name
BELGIUM-RUGS.COM, LLC



FILED

2003 SEP 29 PM 12:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
2440 LAKE VISTA COURT. #200
CASSELBERRY FL 32707

Mailing Address
2440 LAKE VISTA COURT. #200
CASSELBERRY FL 32707

2. Principal Place of Business

680 SAN PABLO AV

Suite, Apt. #, etc.

3. Mailing Address

680 SAN PABLO AV

Suite, Apt. #, etc.

City & State
CASSELBERRY

City & State
CASSELBERRY

4. FEI Number 81-05-75887

Applied For
Not Applicable

Zip 32707

Country FL

Zip 32707

Country FL

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Signature typed or printed name of registered agent and title if applicable.

GUY VAN DYCK

09/22/2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE President
NAME GUY VAN DYCK
STREET ADDRESS 680 SAN PABLO AV
CITY-ST-ZIP CASSELBERRY FL 32707. ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700023401837
CITY-ST-ZIP 09/29/03--01073--009 **50.00

TITLE V.P. President
NAME KRIS LUYXX
STREET ADDRESS 1776 RISING HILL LANE
CITY-ST-ZIP CUMMING, GA 30041 ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09/22/2003

Date

321 228 8080

Daytime Phone #

CR2E083 (4/03)