

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90044 017 ***150.00

DOCUMENT # L17358

Entity Name

KILZI CARPET COMPANY

Principal Place of Business

Mailing Address

N.W. 54TH STREET
FL 33166

7531 N.W. 54TH STREET
MIAMI FL 33166-4812

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0146335

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

KILZI, ELIAS
11155 S.W. 93RD COURT
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS	ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP KILZI, ELIAS 11155 S.W. 93RD CT. MIAMI FL		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST KILZI, LAILA 11155 SW 93RD CT MIAMI FL		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

ELIAS KILZI
PRESIDENT

1-31-2000

Date

Daytime Phone #

ELIAS KILZI, PRESIDENT

(305)
592-7273

CR2E034 (9/99)