

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 12, 2004 8:00 am
Secretary of State**

03-12-2004 90015 032 ***150.00

DOCUMENT # L22474	
1. Entity Name	
ABC CARPET MILL OUTLET, INC.	

DO NOT WRITE IN THIS SPACE

54017719

2. Principal Place of Business 5150 S.W. 48TH WAY #613 Suite, Apt. #, etc.	3. Mailing Address 5150 S.W. 48TH WAY #613 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State DAVIE, FL	City & State DAVIE, FL	4. FEI Number 65-0157428	Applied For <input type="checkbox"/> Not Applicable
Zip 33314	Country USA	Zip 33314	Country USA
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZARUS, RANDY 5150 SW 48TH WAY STE 613 DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZARUS, PETER 5150 SW 48TH WAY STE 613 DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Lazarus* **Peter Lazarus** *1-36-04* *954-797-0070*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #