

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

0680221 FP

DOCUMENT # P00000012843

1. Entity Name
ANDREW MENDEZ CARPET INSTALLATION, INC.



04-11-2003 90195 047 ***150.00

Principal Place of Business
2037 NE 180 AVE
PEMBROKE PINES FL 33029

Mailing Address
2037 NE 180 AVE
PEMBROKE PINES FL 33029



2. Principal Place of Business
12886 113th Place
Suite, Apt. #, etc.

3. Mailing Address
12886 113th Place
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Live Oak, FL
Zip
32060
Country
USA

City & State
Live Oak, Florida
Zip
32060
Country
USA

4. FEI Number 65-0979980
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, KAYLN
2037 NE 180 AVE
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name
KAYLN MENDEZ
Street Address (Do Not Box Number is Not Applicable)
12886 113th Place
City
Live Oak FL Zip
32060

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]* (NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	MENDEZ, KAYLN	
STREET ADDRESS	2037 NE 180 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDEZ, ANDREW	
STREET ADDRESS	2037 NE 180 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, KAYLN	
STREET ADDRESS	12886 113th Place	
CITY-ST-ZIP	LIVE OAK, FL. 32060	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, ANDREW	
STREET ADDRESS	12886 113th Place	
CITY-ST-ZIP	LIVE OAK, FL. 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] KAYLN MENDEZ 1/15/03 386330-2744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)