

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/21

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90212 009 \*\*\*150.00

**DOCUMENT # P00000036501**

1. Entity Name

**USA CARPET & BLINDS, INC.**

Principal Place of Business

226 MADDY LANE  
 N. LAUDERDALE FL 33068

Mailing Address

226 MADDY LANE  
 N. LAUDERDALE FL 33068

6272

2. Principal Place of Business

**3083 N. OAKLAND FOREST DR.**

3. Mailing Address

**3083 N. OAKLAND FOREST DR.**

Suite, Apt. #, etc.

**SUITE. 205**

Suite, Apt. #, etc.

**SUITE. 205**

City & State

**OAKLAND PARK, FL**

City & State

**OAKLAND PARK, FL**

Zip

**33309**

Country

Zip

**33309**

Country

4. FEI Number

**58-2537087**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALVARADO, LUIS M**  
**226 MADDY LANE**  
**N. LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Name

**EDISON VALENZUELA**

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

**3083 N. OAKLAND FOREST DRIVE**

**SUITE. 205**

City

**FORT LAUDERDALE**

FL

Zip Code

**33309**

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 **X VALENZUELA**

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, 2001 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	VALENZUELA, EDISON	
STREET ADDRESS	3083 N. OAKLAND FOREST DR. #205	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	ALVARADO, LUIS M	
STREET ADDRESS	226 MADDY LANE	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	PN/ST/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDISON VALENZUELA	
STREET ADDRESS	3083 N. OAKLAND FOREST DRIVE, #205	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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: **X VALENZUELA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-16-01**

Date

**954-789-0769**

Daytime Phone #

CR2E034 (10/00)