

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91188 027 \*\*\*158.75

DOCUMENT # P000000633A1

1. Entity Name

RUGS WORLD ETC, INC. ✓

Principal Place of Business

118 N. Collins St.  
 Plant City, FL  
 33566

Mailing Address

2713 Kala Lane  
 Plant City, FL  
 33565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3657660

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0070224

6. Name and Address of Current Registered Agent

M. Ali' Shasti' - Nazem  
 2713 Kala Lane  
 Plant City, FL 33565

7. Name and Address of New 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when releasing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so.  (See criteria on back)

**FILE NOW!!!** FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Name 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: P Shasti' Nazem, M. Ali'  Delete  
 NAME: P Shasti' Nazem, M. Ali'  
 STREET ADDRESS: 2713 Kala Lane  
 CITY-ST-ZIP: Plant City, FL 33565

TITLE: V.P. Shiva Safavi Golpayegani  Delete  
 NAME: V.P. Shiva Safavi Golpayegani  
 STREET ADDRESS: 2713 Kala Lane  
 CITY-ST-ZIP: Plant City, FL 33565

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE:  Change  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:

*[Handwritten Signature]*

5-14-01

(813) 707-8336

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

PHONE NUMBER

CR2E034 (11/00)