2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000083165

1. Entity Name

R. B. CARPET & TILE, Inc.

FILED
04-29-2002 90126 018 ***150.00
02 APR 29 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1777 SW 21 Ave
Miami FL 33145

Mailing Address
1777 SW 21 Ave
Miami FL 33145

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1036598 ☐ Applied ☐ Not Ap

5. Certificate of Status Desired ☐ $8.75 Addition Fee Required

6. Name and Address of Current Registered Agent

RAMIRO BATISTA
1777 SW 21 Ave
Miami, FL 33145

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 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, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 M Added to F

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BATISTA RAMIRO 1777 SW 21 Ave Miami FL 33145 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
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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: Ramiro Batista (305)525-3817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #