

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089913

1. Entity Name

BACK CARPET INSTALATION, INC.

FILED

Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90008 035 ***150.00

Principal Place of Business

975 RIVERSIDE DRIVE SUITE 734
CORAL SPRINGS FL 33071

Mailing Address

975 RIVERSIDE DRIVE SUITE 734
CORAL SPRINGS FL 33071

2. Principal Place of Business

395 SW MC NAB

3. Mailing Address

395 SW MC NAB



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

POMPANO BEACH

4. FEI Number

65-1044096

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

33060

Country

USA

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

AQUILINO, JOSE
3961 N FEDERAL HWY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name JOSE AQUILINO

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

3961 N. Federal Hwy

City POMPANO BEACH

FL

Zip Code

33064

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

01/08/01

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 PVST
NAME COELHO, ALTAIR JOSE
STREET ADDRESS 975 RIVERSIDE DRIVE SUITE 734
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D
NAME COELHO, ALTAIR JOSE
STREET ADDRESS 975 RIVERSIDE DRIVE SUITE 734
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME COELHO, ALTAIR JOSE
STREET ADDRESS 395 SW MC NAB Rd, Suite 1
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE D
NAME COELHO, ALTAIR JOSE
STREET ADDRESS 395 SW MC NAB Rd Suite 1
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/08/01

0137821

CR2E034 (10/00)