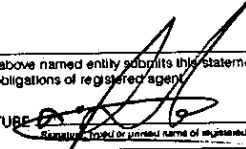
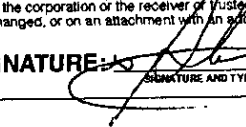


FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90127 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000089913		
1. Entity Name BACK CARPET INSTALATION, INC.		
Principal Place of Business 395 SW MCNAB 1 POMPAÑO BEACH, FL 33060 US		Mailing Address 395 SW MCNAB 1 POMPAÑO BEACH, FL 33060 US
2. Principal Place of Business 109 SE 13th St Suite, Apt. #, etc.		3. Mailing Address 109 SE 13th St Suite, Apt. #, etc.
City & State Deerfield - FL		City & State Deerfield - FL
Zip 33441 Country USA		Zip 33441 Country USA
4. FEI Number 65-1044028		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AQUILINO, JOSE 3961 N FEDERAL HWY POMPAÑO BEACH, FL 33064		7. Name and Address of New Registered Agent Name COELHO, ALTAIR JOSE Street Address (P.O. Box Number is Not Acceptable) 109 SE 13th St City Deerfield FL Zip Code 33441
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  DATE 3/21/03 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE \$8,150.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
PVST COELHO, ALTAIR JOSE 395 SW MCNAB RD STE 1 POMPAÑO BEACH, FL 33060		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
D COELHO, ALTAIR JOSE 395 SW MCNAB RD STE 1 POMPAÑO BEACH, FL 33060		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:  DATE 3/21/03 (JSU) Daytime Phone # 288-5782		

CH2E034 (1/02)