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

90060770

1. Entity Name
BACK CARPET INSTALATION, INC.

Principal Place of Business	Mailing Address
395 SW MCNAB 1 POMPANO BEACH, FL 33060 US	395 SW MCNAB 1 POMPANO BEACH, FL 33060 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
109 SE 13th St.	109 SE 13th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield - FL	City & State: Deerfield - FL
Zip: 33441 Country: USA	Zip: 33441 Country: USA

4. FEI Number: 65-1044026 — ☐ 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
POMPANO 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: [signature] DATE: 3/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $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	PVST COELHO, ALTAIR JOSE 395 SW MCNAB RD STE 1 POMPANO BEACH, FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COELHO, ALTAIR JOSE 395 SW MCNAB RD STE 1 POMPANO BEACH, FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] Date: 3/21/03 Daytime Phone #: (954) 288-5782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR