

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000097986**

1. Entity Name

**SPOTLESS CARPET CARE INC.**

Principal Place of Business

**3270 NW 175TH ST  
MIAMI FL 33056**

Mailing Address

**3270 NW 175TH ST  
MIAMI FL 33056**

2. Principal Place of Business

**3270 NW 175th**

Suite, Apt. #, etc.

**Home**

City &amp; State

**Miami FL**

Zip

**33056**

Country

**FL**

3. Mailing Address

**3270 NW 175th**

Suite, Apt. #, etc.

**Home**

City &amp; State

**Miami FL**

Zip

**33056**

Country

**FL**

6. Name and Address of Current Registered Agent

**CHRISTOPHER, AMOLAY A  
3270 NW 175TH ST  
MIAMI FL 33056**

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 *Amolay Christopher*

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

(NOTE: Registered Agent signature required when reinstating)

**08/4/01**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>	<b>CHRISTOPHER, AMOLAY A</b>	<b>3270 NW 175TH ST MIAMI FL 33056</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Amolay Christopher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/4/01**

Date

Daytime Phone #

FILED

01 SEP 28 PM 1:14

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)