FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

A STANDARY STREET Street Actor position is eligible to satisfy its Intancylible Tax filling requirement and elects to do so. Amountary Tax filling requirement and elects to do so. Amountary Tax filling requirement and elects to do so. Amountary Tax filling requirement and elects to do so. Amountary Tax filling requirement and elects to do so. Amountary Tax filling requirement and elects to do so. Tax filling requireme	DOCU 1. Entity Na	me E 64	V CARPET INC 474 SW 30th ST AMI, FL. 33155		3/	· ·	2 90050 019 ***150.00
Suite, April P. etc.		4 7 7		IN THIS	SPACE	er A	
MIAMI, FLORIDA ### PLORIDA ##	Suite, Apt	6474 SM t. #, etc.		6474 SW 30	th STREET	DO NOT WRITE	IN THIS SPACE
### STATE AND DIRECTORS State Control C	N				RIDA		Applied For Not Applicable
DO NOT WRITE IN THIS SPACE Street Address (R.) BigN Number is nu Acceptable) City MIAMI FL 385056 City MIAMI FL 385056 6. The above named cirkly submits this statement for the purpose of changing its registered agent, or both, in the State of Frontian. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS INTER MAKE. SIREF ADDRESS OFFICERS AND DIRECTORS INTER MAKE. SIREF ADDRESS OFFIS. JP SIREF ADDR		33155	USA USA	33155	Country USA	5. Certificate of Status Desired	\$8.75 Additional
DO NOT WRITE IN THIS SPACE Street 64/74 SW 30 th STREET ceptable						7. Name and Address of Current Re	
8. The above named entity submist this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Syman's specific present logs and 150 f applicable. INOTE: Registered agent, or both, in the State of Florida. SIGNATURE			and the second of the second o	Mark 1	ELIER Street Address 6474		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE			and the second second		MLAMI		FL 39998
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3. Thereby certify that the information supplied with this filling door not qualify to the	"A 9. This corpor Tax filing in (See criter) Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pration is eligrequirement ria on back) PRESI ELIER 6474	ible to satisfy its Intancible and elects to do so. OFFICERS AND DENT DELVALLE SW 30th STREET	January 1 After M Amer Make Check Pa	I - May 1 Fee is \$150.00 May 1, Fee is \$550.00 Inded UBR is \$61.25 By able to Department of State of S	10. Election Campaign Finance Trust Fund Contribution.	cing \$5.00 May Be Added to Fees

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 attachment with an address, with all other like empowered.

SIGNATURE:		ELIER	DeLVALLE,	PE

4 - 16 - 02 Date Daytime Phone 6