

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90642 037 ***150.00

DOCUMENT # P01000044281

1. Entity Name
CORNERSTONE CARPET, INC.

Principal Place of Business

600 OCEAN DR #10A
JUNO BCH FL 33408

Mailing Address

600 OCEAN DR #10A
JUNO BCH FL 33408

2. Principal Place of Business

10790 SW 184 St.

Suite, Apt. #, etc.

3. Mailing Address

10790 SW 184 St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1108669

Applied For

Not Applicable

Zip
33157

Country
USA

Zip
33157

Country
USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RICHARDSON, GEX F
350 E LAS OLAS BLVD STE 1600
FT LAUDERDALE FL 33301

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Jamie Bohne
STREET ADDRESS	1009 Cordova Road
CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Edward J. Bohne III
STREET ADDRESS	1009 Cordova Road
CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Jess Ball
STREET ADDRESS	600 Ocean Drive #10A
CITY-ST-ZIP	Juno Beach, FL 33408
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M Domenic J. Amore
STREET ADDRESS	10790 SW 184 St
CITY-ST-ZIP	Miami, FL 33157
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

Domenic J. Amore 4-24-02

Date

Daytime Phone #

305-251-2118

CR2E034 (9/01)