FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State P01000057153 DOCUMENT # 1. Entity Name 04-17-2002 90038 025 ***150.00 C&Y, CARPET & TILE, INC. Principal Place of Business Mailing Address 6501 S.W. 106 AVENUE 6501 S.W. 106 AVENUE MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address 6633 S W 8 St 6033 S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number MIAMI. FLORIDA Not Applicable MIAMI. FLORIDA 03-0378620 Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33144 33144 DADE DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORALES, CARLOS R Street Address (P.O. Box Number is Not Acceptable) 6501 S.W. 106 AVENUE **MIAMI FL 33173** City Zip Code FL. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Addition ☐ Delete NAME: MORALES, CARLOS R NAME STREET ADDRESS 6501 S.W. 106 AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RODRIGUEZ-MORALES, YANEYSI NAME NAME STREET ADDRESS 6501 S.W. 106 AVENUE STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Change - Addition NAME NAME.... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Rodinguez-Hordes 4/2/2 SIGNATURE: