

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90083 007 \*\*\*150.00

**DOCUMENT # P01000064928**

1. Entity Name  
**BEST CARPET CARE, INC.**

Principal Place of Business  
**13927 S.W. 140 STREET**  
**MIAMI FL 33186**

Mailing Address  
**13927 S.W. 140 STREET**  
**MIAMI FL 33186**

2. Principal Place of Business  
**1541 SW 163<sup>RD</sup> ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1541 SW 163<sup>RD</sup> ST**  
 Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**64-1120277**

Applied For  
 Not Applicable

Zip  
**33187**

Country  
**DADE**

Zip  
**33187**

Country  
**DADE**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**THOMSON, JOHN M**  
**THE LAW CENTER, SUITE ONE**  
**370 MINORCA AVE., SUITE ONE**  
**CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name  
**FRANCES SANCHEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1541 SW 163<sup>RD</sup> ST.**  
 City **MIAMI, FL** Zip Code **33187**

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

(NOTE: Registered Agent signature required when reinstating)

*2/20/2002*  
 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 **D** ☒ Delete  
 NAME **THOMSON, JOHN M**  
 STREET ADDRESS **13927 S.W. 140 STREET**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
 NAME **FRANCES SANCHEZ**  
 STREET ADDRESS **1541 SW 163 ST**  
 CITY-ST-ZIP **MIAMI, FL 33187**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Frances Sanchez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/2002* *305-257-2244*  
 Date Daytime Phone #

CR2E034 (9/01)