

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90545 035 ***150.00

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DOCUMENT # P01000092496

1. Entity Name
TAL'S CARPET SYSTEM, INC.



Principal Place of Business
**3125 N 37 AVE.
HOLLYWOOD FL 33021
US**

Mailing Address
**3125 N 37 AVE.
HOLLYWOOD FL 33021
US**



2. Principal Place of Business

741 N. Pine Island Rd

Suite, Apt. #, etc.

#105

City & State

Plantation, FL

Zip

33324

Country

U.S.

3. Mailing Address

741 N. Pine Island Rd

Suite, Apt. #, etc.

105

City & State

Plantation, FL

Zip

33324

Country

U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3025879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZAMIR, TAL
100 SW 91ST AVE #304
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Tal Zamir

Street Address (P.O. Box Number is Not Acceptable)

741 N. Pine Island Rd. #105

City

Plantation

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

**FILE-NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAMIR, TAL	
STREET ADDRESS	100 SW 91ST AVE# 304	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

984-474-1045
Daytime Phone #

CR2E034 (10/02)