

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90139 039 ***158.75

DOCUMENT # P04000021575

1. Entity Name

J.C. BROWRAD CARPET INC.



DO NOT WRITE IN THIS SPACE

50065248

2. Principal Place of Business

2220 NE 62nd STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL.

City & State

4. FEI Number

57-1194124

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JUAN C. LUJAN

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

2220 NE 62nd STREET

City
FT. LAUDERDALE,

FL

Zip Code
33308

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

n/a
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	JUAN C. LUJAN	2220 NE 62nd STREET	FT. LAUD. FL. 33308
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

JUAN C. LUJAN

8/2/05 (954)772-1635

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT
SU065248

9-20-05

To: Division of Corporation

Please notice was not received
We didn't know what to do, or
where to send payment.
Next time we will be on
time, please waive the
late fee of 400.00

I am sending \$150.00 and 8.75
for certificate. sending a check
for \$158.75 total.

T.C. Broward Capital, Inc.
DOC # PO 4000021575

Sincerely

John Carlo R.