

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

FILED ATX1
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000091630	
1. Entity Name	
SAM'S CARPET USA INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10540 SW 154 COURT Suite, Apt. #, etc. UNIT 1		3. Mailing Address 8360 WEST FLAGLER STREET Suite, Apt. #, etc. 206	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33196	Country US	Zip 33144	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3068056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAIME MARTINEZ	
Street Address (P.O. Box Number is Not Acceptable) 10540 SW 154 COURT	
City MIAMI	Zip Code 33196

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**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAIME MARTINEZ 10540 SW 154 COURT, UNIT 1 MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000755340 05/22/07-80097-021 150.00
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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.

SIGNATURE:

JAIME MARTINEZ, PRES

4-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #