# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 26, 2002 8:00 am**
**Secretary of State**
02-26-2002 90043 011 ***150.00

DOCUMENT # P92000005452

1. Entity Name
CARPETS PLUS OF DEERFIELD BEACH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 81 SOUTH FEDERAL HIGHWAY<br>DEERFIELD BEACH FL 33441 | 81 SOUTH FEDERAL HIGHWAY<br>DEERFIELD BEACH FL 33441 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0369360 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MASTERSON JOSEPH F.<br>109 ROYAL PARK DR. # 1H<br>OAKLAND PARK FL 33309 | Name MASTERSON, STEVEN<br>Street Address (P.O. Box Number is Not Acceptable) 5040 SW 11TH PLACE<br>~~AAA~~<br>City MARGATE FL Zip Code 33068 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MASTERSON JOSEPH F.<br>109 ROYAL PARK DR.<br>OAKLAND PARK FL 33309 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MASTERSON CLAUDETTE A.<br>109 ROYAL PARK DR.<br>OAKLAND PARK FL 33091 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MASTERSON, STEVEN<br>109 ROYAL PARK DR<br>FORT LAUDERDALE FL 33309 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Steven Masterson<br>5040 SW 11 th PL<br>MARGATE FL 33068<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MAYRA MASTERSON<br>5040 SW 11TH PLACE<br>MARGATE FL 33068 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICEPRESIDENT<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/01)

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:** _____ 2-11-02 (954)3600029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #