

038 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91325 032 ***150.00

DOCUMENT # P93000031197

1. Entity Name

RAFAEL ARAICA CARPET'S SERVICE, INC

Principal Place of Business
 1280 W 5TH LANE
 HIALEAH, FL 33010

Mailing Address
 1280 W 5TH LANE
 HIALEAH, FL 33010-2937

C0067219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0405151

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARAICA, RAFAEL
 1280 W 5TH LANE
 HIALEAH, FL 33010

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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
After MAY 1, 2001 Fee
Make Check Payable to De

) May Be
 to Fees

11. OFFICERS AND DIRECTORS

12.

TITLE PDST ☐ Delete
 NAME RAFAEL ARAICA
 STREET ADDRESS 1280 W 5TH LANE
 CITY-ST-ZIP HIALEAH, FL 33010

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/24/01

(305) 887-6630

CR2E034 (11/00)

