

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

**FILED
Mar 14, 2002 8:00 am
Secretary of State**

DOCUMENT # P93000071636

**1. Entity Name
JOE'S QUALITY CARPETING OF FLORIDA INC.**

03-14-2002 90331 016 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16647 SW 90 Street	3. Mailing Address 16647 SW 90 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, FL. 33196	City & State Miami, Fl. 33196	4. FEI Number 65-0442648	Applied For <input type="checkbox"/> Not Applicable
Zip 33196	Country USA	Zip 33196	Country USA
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 OGHAN, JORGE
Street Address (P.O. Box Number is Not Acceptable) 16647 SW 90 St.
City MIAMI, FL. FL 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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

~~January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME DVP OGHAN, SALIM STREET ADDRESS 16647 SW 90 St. CITY-ST-ZIP Miami, Fl. 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME PD OGHAN, JORGE STREET ADDRESS 16647 SW 90 St. CITY-ST-ZIP Miami, Fl. 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME SD OGHAN, MARIETE STREET ADDRESS 16647 SW 90 St. CITY-ST-ZIP Miami, Fl. 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:  **Jorge Oghan, President** **2/20/2002** **(305)383-7832**
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #