

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90351 031 ***150.00

0398860 AV

DOCUMENT # P94000013096

1. Entity Name

CARPET FAIR, INC.



Principal Place of Business

~~2831 N. FEDERAL HIGHWAY~~
BOCA RATON FL 33431

Mailing Address

~~2831 N. FEDERAL HIGHWAY~~
BOCA RATON FL 33431

2. Principal Place of Business

3200 N. FEDERAL HWY.

3. Mailing Address

3200 N. FEDERAL HWY.

Suite, Apt. #, etc.

206-12

Suite, Apt. #, etc.

206-12

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

Zip

33431

Country

U.S.A.

Zip

33431

Country

U.S.A.

4. FEI Number

65-0472473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

J & M TAX SERVICE, INC.

2080 NW BOCA RATON BLVD #6

BOCA RATON FL 32431

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003: Fee will be \$550.00:

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	P	<input type="checkbox"/> Delete
NAME	ELIOVITZ, BARRY	
STREET ADDRESS	18863 SCHOONER DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VP ELIOVITZ	<input type="checkbox"/> Delete
NAME	ELOVITA, MEIRA	
STREET ADDRESS	18863 SCHOONER DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

B. ELIOVITZ BARRY ELIOVITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/03

Daytime Phone #

561-393-0625

CR2E034 (10/02)