

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 90973 042 ***150.00

DOCUMENT # P95000063595



1. Entity Name
ALL AMERICAN CARPET INC.

Principal Place of Business
**4475 SW 60 AVE
DAVIE FL 33314**

Mailing Address
**4475 SW 60 AVE
DAVIE FL 33314**

55042028



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0614010**

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FREEDMAN, JERRY
4475 SW 60 AVE
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **SUSAN FREEDMAN**
Street Address (P.O. Box Number is Not Acceptable)
4475 SW 60 AVE.
City **DAVIE** FL Zip Code **33314**

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 *Susan Freedman* **SUSAN FREEDMAN**

DATE **5/16/03**

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 NAME **D FREEDMAN, JERRY** ☐ Delete
STREET ADDRESS **4475 SW 60 AVE**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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: *Susan Freedman* **SUSAN FREEDMAN**

DATE **4/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)