2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000092394 PRESTIGE CARPET OF SUNRISE, INC. Mailing Address Principal Place of Business 2200 N. UNIVERSITY DR. 2200 N. UNIVERSITY DR. SUNRISE FL 33322-3941 SUNRISE FL 33322-3941 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0620085 Zip Country ~Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90128 043 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	PLAI	CH, CATHERINE - COTURE NE O NW 76 AVE NTATION FL 33322	Street A	Street Address (P.G. Box Number is Not Acceptable) PLAN City LANTATION FL Zip Code 22.						
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) 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fee	8. The above	named entity submits this statement for th	a purpose of changing its regis	sterea office or	registered age	ant, or both, in the S	iale oi Fiorida			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. Describeria Campaign Finiation (See Ca	SIGNATURE	Signature, typed or printed name of registered agent and t	itle if applicable (NOTE: Regi	istered Agent signat	ure required when rei	instating)		DATE		
	Tax filing requirement and elects to do so. After MAY 1, 2000			ee will be \$5	50.00 t of State	Trust Fund Contribution. Added to Fees				
	11.	OFFICERS AND DIF	RECTORS	12.						S IN 11
NAME STREET ADDRESS CITY-ST-ZIP PLANTANTION FL 33322 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK NY NEW YORK NY NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1320 NW 76 AVE PLANTANTION FL 33322 DVP KOENIG, JOHN 4126 BROADWAY	Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	1320 / P/ANT	VW 76 AU ATI ON	FL VENUE	333,	22 Change	Addition Addition Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i).	NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this country or supplemental report is true.	is filing does not qualify for the	NAME STREET ADDRESS CITY-ST-ZIP exemption sta	ted in Section	119.07(3)(i), Florida egal effect as if ma	Statutes. I fur de under oath	ther certify th	at the in	Addition

of the corporation of the receiver of trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

CATHERINE HORN S/900 954-147