

4/23/2001 9:30 AM

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90638 038 ***158.75

DOCUMENT # P96000010467

1. Entity Name

CARLOS HOME SERVICES, INC

Principal Place of Business

Mailing Address

22484 TIKI DRIVE
 BOCA RATON, FL 33428

C0069513

2. Principal Place of Business

3259 N. STATE ROAD 7

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MARGATE, FL

City & State

4. FEI Number

65-0638511

Applied For

Not Applicable

Zip
 33063

Country
 USA

Zip
 33063

Country
 USA

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANJOS, JOSE C.
 22484 TIKI DRIVE
 BOCA RATON, FL 33428

Name
 ANJOS, JOSE C.

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

3259 N. STATE ROAD 7

City
 MARGATE

FL

Zip Code
 33063

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

4/25/01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME ANJOS, JOSE C.
 STREET ADDRESS 4233 NW 9TH AVENUE
 CITY - ST - ZIP POMPAHO BEACH, FL 33064

TITLE PD ☒ Change ☐ Addition
 NAME ANJOS, JOSE C.
 STREET ADDRESS 3259 N. STATE RD 7
 CITY - ST - ZIP MARGATE, FL 33063

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 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)(f), 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 #

4/25/01 561
 5577757