

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

APPROVED  
AND  
FILED

DOCUMENT # P96000017117

1. Entity Name  
Prospect Carpets Inc.



03 SEP -8 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1283 NW 31<sup>st</sup> Ave.

Suite, Apt. #, etc.

3. Mailing Address

8300 Biscayne Blvd.

Suite, Apt. #, etc.

**REINSTATEMENT 97-03**

City & State

FT. LAUD, FL

City & State

Miami, FL

4. FEI Number

65-0718280

Applied For

Not Applicable

Zip

33311

Country

Zip

33138

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Deborah Hinson

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

8300 Biscayne Blvd.

City

Miami

FL

Zip Code

33138

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

Deborah Hinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

V.P.

NAME

Hinson, Albert

STREET ADDRESS

8300 Biscayne Blvd.

CITY-ST-ZIP

Miami, FL 33138

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

500022824295

09/08/03--01040--011 \*\*1065.00

TITLE

Pres

NAME

Bailey, Donald Jr.

STREET ADDRESS

8300 Biscayne Blvd.

CITY-ST-ZIP

Miami, FL 33138

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William D. Paul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03

Date

305-757-1560

Daytime Phone #

CR2E034B (12/02)