2001 UNIFORM BUSINESS REPORT (UBR)

5610 N.W. 12TH AVENUE

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FT. LAUDERDALE FL 33309

DOCUMENT # P96000025759 R & R CARPET CORPORATION Principal Place of Business Mailing Address

Country

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

5610 N.W. 12TH AVENUE

Suite, Apt. #,

City & State

Zip

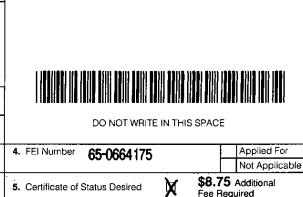
SIGNATURE

FT. LAUDERDALE FL 33309

2. Principal Place of Business

FILED Feb 05, 2001 8:00 am Secretary of State

02-05-2001 90011 013 ***158.75



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, ROY Street Address (P.O. Box Number is Not Acceptable) 5610 N.W. 12TH AVENUE FT. LAUDERDALE FL 33309 City Zip Code FL 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.

(NOTE: Registered Agent signature required when reinstating)

Country

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		Election Campaign Financing Trust Fund Contribution.		.00 May Be led to Fees	
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ROY 5610 N.W. 12TH AVENUE, #214 FT. LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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 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 attaching with all other like empowered

SIGNATURE:

SIGNATURE AND

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR