

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90043 009 ***150.00

DOCUMENT # P96000061015

1. Entity Name
AMERICA'S CARPET CARE CORPORATION

Principal Place of Business Mailing Address
12160 SW 251 ST 12160 SW 251 ST
MIAMI FL 33132 MIAMI FL 33132
US US

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0690588** Applied For
 Not Applicable

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

VENTURA, RALPH
9061 SW 156 ST #207
MIAMI FL 33157

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 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) ☐

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 **DP** ☐ Delete
 NAME **GONZALEZ, ROBERTO**
 STREET ADDRESS **8221 SW 72ND AVE., #377**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **DP** ☐ Change ☐ Addition
 NAME **Gonzalez Roberto**
 STREET ADDRESS **12160 SW 251st**
 CITY-ST-ZIP **MIAMI FL 33032**

TITLE **DST** ☐ Delete
 NAME **SANTIAGO, MARIA**
 STREET ADDRESS **8221 SW 72ND AVE., #377**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **DST** ☐ Change ☐ Addition
 NAME **Gonzalez MARIA**
 STREET ADDRESS **12160 SW 251st**
 CITY-ST-ZIP **MIAMI FL 33032**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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 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: Maria S. S. S.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-901
 Date

305-258-3211
 Daytime Phone #

CR2E034 (10/00)