2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

US

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

P96000077674 **DOCUMENT #** 1. Entity Name TIFFANY'S CARPET WHOLESALE, INC. Principal Place of Business Mailing Address 6300 NE 19 AVE 6300 NE 19 AVE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90207 029 **	
CHECK HERE IF MAKING CHA	
4. FEI Number 65-0698719	Applied For
	Not Applicable 75 Additional
5. Certificate of Status Desired Fee R	lequired
7. Name and Address of New Registered Agent	
O. Box Number is Not Acceptable)	
FL Z	ip Code
d agent, or both, in the State of Florida. 1 am familia	r with, and accept
hen reinstating) DATE	
9. Election Campaign Financing Trust Fund Contribution. □	\$5.00 May Be Added to Fees
"ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11
	hange
	{ :
□ c	hange Addition
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							Fee Hequired						
	6. Name	and Address of Current R	egistered Agent				7. Name	and Address of	New Regist	ered Agen	t		
		Name											
GEE, STE	ven L				Photo Address (BO, Box Musches in Alex Assertable)								
6300 NE 19 AVE				Street Address (P.O. Box Number is Not Acceptable)									
FT. LAUDE	ERDALE FL	33308											
											* 0 .		
					City					F.L. ²	Zip Code	•	
	named entitions of regist	y submits this statement for tered agent.	the purpose of changing	its registere	ed office or r	egistered	agent, or	both, in the Stat	e of Florida.	1 am famili	ar with, a	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (N	OTE: Registere	d Agent signature	e required wh	nen reinstating	J)		DATE			
After	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State	•				Election Campa Trust Fund Con	tribution.		Added) May Be to Fees	
10.		OFFICERS AND D	IRECTORS	11:			"ADDITIO	NS/CHANGES T	O OFFICER	S AND DIR	ECTORS	IN 11	
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name Street address				NAMI	ET ADDRESS								
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CITY-ST-ZIP		/	/		-ST-ZIP							1	
12. I hereby c	ertify that the	e information supplied with the transfer of supplemental report is a	his filing does not qualify rue and accurate and tha	for the exer	mption state ure shall ha	d in Secti ve the sar	on 119.07 ne legal e	(3)(i), Florida Sta affect as if made	atutes. I furth under oath; t	er certify th hat I am an	at the int	ormation or director	

Country

See entropy and the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address with all other like empowered. of the corporation or the receiver or tru changed, or on an attachment with an

SIGNATURE:

US

2. Principal Place of Business

Country

Suite, Apt. #, etc.

City & State

Zip

URED CORRECT SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #