FILED Apr 17, 2002 8:00 am \$ Secretary of State 04-17-2002 90095 026 ***150.00

2002 Uniform Business Report (UBR)

P96000089443

DOCUMENT # 1. Entity Name

BILL RICH CUSTOM FLOOR COVERING, INC.

Principal Place of Business

Mailing Address

4723 SW 51S BAY # 22 FORT LAUDEI US	t St RDALE FL 333	14	4723 SW 51ST ST BAY # 22 FORT LAUDERDALE FL (US	BAY # 22 FORT LAUDERDALE FL 33314					1 1 11 11 1111		
2. Principal Place of Business			3. Mailing Address	3. Mailing Address			1		/ 	01888 1211 1 98 1	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State	City & State			4. FEI Number 65-0710335			oplied For ot Applicable	
. Zip		Country	ي . يېچه خير کام د دی	Coun	try	× эчнц n=5	Certificate of:Status Desired	\$	8.75 Add e Require	ditional	
6. Name and Address of Current Registered Agent						7. 1	Name and Address of New Regis	tered Ag	ent		
					Name						
MORRISS	eau, didi			Street Address			(P.O. Box Number is Not Acceptable)				
13324 NW	V 11 PL			direct Address			Box Harrison to Hot / toooptable)				
SUNRISE	FL 33323										
					City			FL	Zip Cod	e	
8. The above	named entity	submits this statement	for the purpose of changing its	s registere	ed office or r	egistered ag	gent, or both, in the State of Florida		-	Au . ** 18 7	
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SIGNATURE	Signature, typed o	or printed name of registered age	nt and title if applicable. (NOT	ΓΕ: Registere	- d Agent signature	required when re	einstating)	DATE			
<u>-</u>			EU E NOW	u eee	IC 64E0 00	•			• • • • • • • • • • • • • • • • • • • •		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 20	FILE NOW!!! FEE IS \$ After May 1, 2002 Fee will be Make Check Payable to Depart			10. Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.0 Added	May Be I to Fees	
11.		OFFICERS AN	D DIRECTORS	12.		ΑC	DDITIONS/CHANGES TO OFFICER	RS AND D	IRECTOR	S IN 11	
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NAME	MORRISSE	AU, DIDI		NAM	E						
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NAME				NAME							
STREET ADDRESS CITY-ST-ZIP				III .	ET ADDRESS						
0111-91-71L				II CHY-	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 bither like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #