

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000930

1. Entity Name  
UNIVERSAL BLINDS, CARPET & MORE, INC.

Principal Place of Business  
4890 NORTH STATE ROAD 7  
TAMARAC FL 33319  
US

Mailing Address  
4890 NORTH STATE ROAD 7  
TAMARAC FL 33319  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0715817

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JEFFREY S  
4890 NORTH STATE ROAD 7  
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name Alan Miller  
Street Address (P.O. Box Number is Not Acceptable)  
4890 NORTH STATE ROAD 7  
City TAMARAC FL Zip Code 33319

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 *Alan L. Miller* pres  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/13/01

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

TITLE PD  
NAME MILLER, ALAN L  
STREET ADDRESS 4890 NORTH STATE ROAD 7  
CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE VD  
NAME CEDRATI, GIOVANNI P  
STREET ADDRESS 4890 NORTH STATE ROAD 7  
CITY-ST-ZIP TAMARAC FL 33319 ☒ Delete

TITLE SD  
NAME MILLER, JEFFREY S  
STREET ADDRESS 4890 NORTH STATE ROAD 7  
CITY-ST-ZIP TAMARAC FL 33319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address with all other like empowered.

SIGNATURE: *Alan L. Miller* pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01  
Date

(954) 486-7875  
Daytime Phone #

FILED  
Apr 10, 2001 8:00 am  
Secretary of State  
04-10-2001 90138 043 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)