

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002961

1. Entity Name

SIMPLEX CARPET, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90112 037 ***150.00

Principal Place of Business

1241 SW 142ND COURT
MIAMI FL 33184

Mailing Address

1241 SW 142ND COURT
MIAMI FL 33184-3211

2. Principal Place of Business

1241 SW 142ct
Suite, Apt. #, etc.

3. Mailing Address

1241 SW 142ct.
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0719579

Applied For

Not Applicable

Zip

Country

33184

Miami

Zip

Country

33-184

Miami

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

FUENTES, JOSE

1241 SW 142ND COURT
MIAMI FL 33184

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

Signature of registered agent or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 PD
NAME FUENTES, JOSE
STREET ADDRESS 1241 SW 142ND COURT
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE R.O.
NAME Jose Fuentes
STREET ADDRESS 1241 SW 142 Ct.
CITY-ST-ZIP Miami FL 33184 ☐ Change ☐ Addition

TITLE VD
NAME F, RAMON
STREET ADDRESS 1241 SW 142ND COURT
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE V.P.
NAME Ramon Fuentes
STREET ADDRESS 1241 SW 142ct.
CITY-ST-ZIP Miami FL 33184 ☐ Change ☐ Addition

TITLE SD
NAME FUENTES, FEO
STREET ADDRESS 3128 WEST 70TH TERRACE
CITY-ST-ZIP HIALEAH FL 33018 ☐ Delete

TITLE S.D.
NAME Fuentes Fco.
STREET ADDRESS 3128 W. 70 Terr.
CITY-ST-ZIP Hialeah FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)