2000	UNIFOR	M BUSI	NESS REPO	ORT (UE	BR)	
1. Entity Name	•	000029	ne de la companya de		FILED	
Sir	nplex (	Carpet,	INC.	ممعوني		00 JUL -7 PM 2: 31
Principal Place of Business  7865 West 31 Ct					,,	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	eah,	FL 3	3. Mailing Address	<del></del>		
Saul choue Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State	Country	v	City & State	Country		4. FEI Number Applied For Not Applicable  5. Cartificate of Status Position St
			·			Certificate of Status Desired     Fee Required     Name and Address of New Registered Agent
N. T.	Jose 1241	Fuen!	tes 2ct		tra	(P.O. Box Number is Not Acceptable)  West 31 Ct
a	Miani	FL73	3184	<u>'</u>	<u>Hialec</u>	
				City		FL Zip Code 33018
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 X Tourn D  Gnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	·	to do so.	After MAY 1, 2 Make Check Paya	2477年6月·阿斯克斯斯特特斯·斯斯克尔克斯特	\$550.00	2 5 5 5 5 7 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	José Fu 1241 S.U Miami	officers and di euits J. 142 c FL 3318	⊠ Delete	12.  TITLE SI  NAME  STREET ADDRES  CITY-ST-ZIP	ss   っち	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  rawcisco J. Fuentes Detrange Addition 65 West 31ct Valeah FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	- 1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	<del>-  </del> -	1000032785312 + ddition -06/30/0001011008 ******26.25   ******26.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRES . CITY-ST-ZIP	SS	1000032785312,
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss ;	1000032785312, -06/06/0001054005 ******35.00 ******35.00 ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS .	☐ 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: \(\frac{\frac{17-2-00}{\f						

CR2E034 (9/99)

THE STABLE CORPORATION, USA 2039 W. IXORA DRIVE MELBOURNE, FL 32935 TEL: 321-2595893

FAX: 321-2596502

JULY,7TH 2000

TO: DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

ATT'N: REINSTATMENT OFFICERS

REF: WAIVING PREVIOUS FEES AND PENALTIES,

DEAR SIRS.

WE SEEM TO HAVE NEGLECTED TO PAY OUR CORPORATE REGISTRATION FEES IN THE PAST FOUR YEARS.

WE HAD NO CHOICE THEN, OUR BUSINESS OVERHEAD WAS PILLING ON.TO

FILING TIME BY A F THE FIRST YEAR WE

**RAISED TO OVER \$50** 

SO WE COULD NOT FO

AND MAKE SURE WE STRAIGHT RECODS IF

GIVE US ONE MORE CH

OT MAKING ANY PROFIT AND THE EXPENSES WE HAD. WE MISSED THE TO SOME MAIL LOST AT THAT TIME. ALTY WHEN THE PENALTY WAS

**\ WE WOULD LIKE TO START AGAIN** ND MAINTAIN SUCH GOOD **YUR PAST FEES AND PENALTIES AND** 

WE CERTAINLY STILL NOT MAKING MUCH OF A PROFIT BUT WE WILL KEEP THINGS IN ORDER AND KEEP OUR COMPANY NAME, AND THE PERSONAL HOLDINGS OF IT.

THANK YOU FOR YOUR KIND CONSIDRATION.

**RAMI SABAWI** 

V. PRESIDENT