2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P9700005881 1. Entity Name ELITE CARPETS, INC. 04-13-2001 90048 016 ***150.00 Principal Place of Business Mailing Address 7280 W MCNAB RD #221 7280 W MCNAB RD #221 NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 UU035784 U\$ 2. Principal Place of Business 3. Mailing Address 3364 W. BROWARD Blub Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. T LAUD Applied For City & State 4. FEI Number City & State 65-0721782 Not Applicable Country BROWARD Zip 33312 \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONGE BLANCO **BLANCE, JORGUE** Street Address (P.O. Box Number is Not Acceptable) 4350 AW 59TH ST FT LAUDERDALE FL 33319 2379 NW 34AUE Zip Code 33 066 COCONUT CREEK 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 -10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE **BLANCO, JORGE** NAME NAME STREET ADDRESS 4350 N.W. 59TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. FINGE BLANCO

SIGNATURE:

253 7697