

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018987

1. Entity Name

Q.R.C. CARPET RENOVATORS, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90025 017 ***150.00

Principal Place of Business

Mailing Address

9189 VINEYARD LAKE DRIVE
PLANTATION FL 33324

9189 VINEYARD LAKE DRIVE
PLANTATION FL 33324-6146

2. Principal Place of Business

820 NW 76 TERRACE

3. Mailing Address

PO BOX 15153

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION, FL

4. FEI Number

65-0731198

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33318

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, TERESA
9189 VINEYARD LAKE DRIVE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Quintero, Teresa
Street Address (P.O. Box Number is Not Acceptable)
820 NW 76 TERRACE
City PLANTATION FL 33324

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

Teresa Quintero

AGENT

4/10/00

Signature, typed or printed name of registered agent and 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

TITLE	P	<input type="checkbox"/> Delete
NAME	QUINTERO, TERESA	
STREET ADDRESS	9189 VINEYARD LAKE DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	V	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JULIAN	
STREET ADDRESS	9189 VINEYARD LAKE DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quintero, Teresa	
STREET ADDRESS	820 NW 76 TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Julian	
STREET ADDRESS	820 NW 76 TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 other like empowered.

SIGNATURE:

Teresa Quintero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/10/00

(954) 370-5828

Date

Daytime Phone #

CR2E034 (9/99)