## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P97000019065 Apr 13, 2000 8:00 am Secretary of State CARPET JAMM, INC. 04-13-2000 90034 012 \*\*\*150.00 Principal Place of Business Mailing Address 6863 SW 20TH ST 6863 SW 20TH ST POMPANO BCH FL 33068 POMPANO BCH FL 33068-4841 2. Principal Place of Business 3. Mailing Address 590604 6863 s.w. <u> 200,000 P.O.BOX</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ŦĹ33068-484 ompano Applied For City & State 4. FEI Number 65-0724740 tort. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -33359-060V Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURILLO, JORGE A Street Address (P.O. Box Number is Not Acceptable) 20 smeet 6863 SW 20TH ST POMPANO BCH FL 33068 Zip Code 33068-4841 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Change ☐ Addition TITLE Murillo, Jorge Relete NAME MURILLO, JORGE A 20 TH 6863 5W STREET ADDRESS STREET ADDRESS 6300 N.W. 9TH STREET Gompano Beach. Fl. 3309 Boilty-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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

with all other like empowered.

D OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address,

SIGNATURE:

04/05/2000 (9.54) 979-697