

2001. UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000064571**

1. Entity Name

AJAMI CARPET AND FURNITURE, INC.**FILED****Jun 04, 2001 8:00 am**
Secretary of State

06-04-2001 90017 012 ***150.00

Principal Place of Business

7860 N.W. 58TH STREET
MIAMI FL 33166

Mailing Address

7860 N.W. 58TH STREET
MIAMI, FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEDERMAN, ROBERT
1570 MADRUGA AVENUE
SUITE 311
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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, 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!**
After MAY 1, 2001
Fee IS \$150.00
Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **AJAMI, RAFFOUL**
STREET ADDRESS **7860 N.W. 58TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**TITLE **VP** ☐ Delete
NAME **AJAMI, SALWA**
STREET ADDRESS **7860 N.W. 58TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**TITLE **D** ☐ Delete
NAME **DUQUE, BARBARA**
STREET ADDRESS **7860 N.W. 58TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP13. I hereby certify that the information supplied with this filing does not qualify for
indicated on this report or supplemental report is true and accurate and that n
of the corporation or the receiver or trustee empowered to execute this report
changed, or on an attachment with an address, with all other the empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **RAFFOUL ASAMI** DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)