

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90019 048 \*\*\*150.00

21511



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000072462**  
 1. Entity Name  
**BK CARPETS, INC.**

Principal Place of Business 11216 SW 12TH STREET 102 PEMBROKE PINES FL 33025	Mailing Address 11216 SW 12TH STREET 102 PEMBROKE PINES FL 33025
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2. Principal Place of Business 2394 NW 97th Way Suite, Apt. #, etc.	3. Mailing Address 2394 NW 97th Way Suite, Apt. #, etc.
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City & State Pembroke Pines FL	City & State Pembroke Pines FL
Zip 33024	Country USA

4. FEI Number 65-0777670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KRAMER, WILLIAM IV**  
~~11216 SW 12TH STREET 102~~  
**PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent  
 Name **BK Carpet William Kramer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2394 N.W. 97 Way**  
 City **Pembroke Pines** FL Zip Code **33024**

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 *Bill Kramer* (NOTE: Registered Agent signature required when reinstating) DATE **2-4-2002**

9. This corporation is eligible to satisfy its Intangible • Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>KRAMER, WILLIAM G IV</b> <b>11216 SW 12TH STREET 102</b> <b>PEMBROKE PINES FL 33025</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2394 NW 97th Way</b> <b>Pembroke Pines, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bill Kramer* **2/4/02** **954-2755233**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)