

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000813

1. Entity Name

AMERICAN TILE & CARPET, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90120 015 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 20911 JOHNSON ST 209 PEMBROKE PINES, FL 33029 US		Mailing Address 20911 JOHNSON ST 209 PEMBROKE PINES FL 33029-2188 US	
2. Principal Place of Business 20911 JOHNSON STREET		3. Mailing Address 20911 JOHNSON STREET	
Suite, Apt. #, etc. 117		Suite, Apt. #, etc. 117	
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL	
Zip 33029	Country USA	Zip 33029	Country USA
4. FEI Number 65-0807774		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 CARRERO, CAROLINE 20911 JOHNSON ST SUITE 209 PEMBROKE PINES FL 33029		7. Name and Address of New Registered Agent Name CAROLINE CARRERO Street Address (P.O. Box Number is Not Acceptable) 20911 JOHNSON STREET # 117 City PEMBROKE PINES FL Zip Code 33029	
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 <u>CAROLINE CARRERO Secretary</u> DATE <u>1-5-00</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP GONZALEZ, EDUARDO M 20911 JOHNSON ST SUITE 209 PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARRERO, CAROLINE 20911 JOHNSON ST SUITE 209 PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-5-99</u> Daytime Phone # <u>954 443 7373</u>	

CR2E034 (9/99)