

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91745 019 ***158.75

DOCUMENT # **P9800000813**
1. Entity Name
AMERICAN TILE & CARPET, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18951 NW 10 TERRACE
Suite, Apt. #, etc.
AT

3. Mailing Address
PO BOX 297203
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES FL
Zip **33029** Country **USA**

City & State
PEMBROKE PINES FL
Zip **33029** Country **USA**

4. FEI Number **65-0807774**
Applied For
Not Applicable

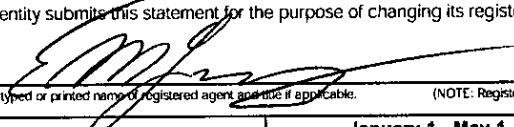
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **EDUARDO M GONZALEZ**
Street Address (P.O. Box Number is Not Acceptable)
18951 NW 10 TERRACE
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  DATE **5-13-02**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDUARDO M GONZALEZ 18951 NW 10 TERRACE PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CAROLINE CARRERO 2100 NW 117 TERRACE PEMBROKE PINES FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDUARDO M GONZALEZ 18951 NW 10 TERRACE PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CAROLINE CARRERO 2100 NW 117 TERRACE PEMBROKE PINES FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT** DATE **5-13-02** Daytime Phone # **9545598683**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)