2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P98000021736** LOURDES CARPETS, INC. 04-30-2001 90037 030 ***150.00 Principal Place of Business Mailing Address 7224 SOUTHWEST 134TH COURT 7224 SOUTHWEST 134TH COURT MIAMI FL 33138 MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0823910 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AZCUY, JESUS J Street Address (P.O. Box Number is Not Acceptable) 7224 SOUTHWEST 134TH COURT **MIAMI FL 33138** Zip Code Fl 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 F.orida. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax fiting requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE Addition | TITLE ☐ Delete AZCUY, JESUS J NAME 7224 SOUTHWEST 134TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP Delete Acdition TITLE OJEDA, GILBERTO NAME 9300 SOUTHWEST 45TH STREET STREET ADDRESS STREET ADDRESS CiTY-S*-ZIF MIAMI FL 33165 CITY-ST-ZIP TITLE ☐ De!ete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CLTY-SI-ZIP TITLE ☐ Delete THE □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Delete TITLE Change Addition THE NAME

13. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

PED OR PRINTED NAME OF