

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90306 027 ***150.00

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DOCUMENT # P98000073763

1. Entity Name

A AVAILABLE CARPET CLEANING, INC.



Principal Place of Business

4325 WILLOW RIDGE DRIVE
WESTON FL 33331

Mailing Address

4325 WILLOW RIDGE DRIVE
WESTON FL 33331

2. Principal Place of Business

4135 Palmetto Trail

3. Mailing Address

SAME

Suite, Apt. #, etc.

Weston FL

Suite, Apt. #, etc.

4135 Palmetto Trail

City & State

Weston FL

Zip

33331

Country

USA

Zip

33331

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0858678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VASQUEZ, JUAN C
4325 WILLOWRIDGE DR
WESTON FL 33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VASQUEZ, JUAN C
STREET ADDRESS 4325 WILLOW RIDGE DRIVE
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE SD
NAME VASQUEZ, MARIA CARMEN
STREET ADDRESS 4325 WILLOW RIDGE DR
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUAN C VASQUEZ MARIA CARMEN VASQUEZ 7/1/03 317-0875

Date

Daytime Phone #

CR2E034 (4/03)