

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-01-2001 90049 039 ***150.00

DOCUMENT # P99000009373

1. Entity Name

BEAUTY CARPET CLEAN INC.

Principal Place of Business

6721 NW 192 LANE
 MIAMI FL 33015

Mailing Address

6721 NW 192 LANE
 MIAMI FL 33015

2. Principal Place of Business

6721 NW 192 Ln
 Suite, Apt. #, etc.
 Miami Florida
 City & State

3. Mailing Address

6721 NW 192 Ln
 Suite, Apt. #, etc.
 Miami Florida
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0895878

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DE JESUS DIAZ, ESTEBAN
 6721 NW 192 LANE
 MIAMI FL 33015

7. Name and Address of New Registered Agent

Name De Jesus Diaz, Esteban
 Street Address (P.O. Box Number is Not Acceptable)
 6721 NW 192 Ln
 City Miami FL Zip Code 33015

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 *Esteban Diaz*

(NOTE: Registered Agent signature required when reinstating)

2-21-00
 DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD DE JESUS DIAZ, ESTEBA 6721 NW 192 LANE MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, LOURDES 6721 NW 192 LANE MIAMI FL 33015	<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 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
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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: *Esteban Diaz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3/26/01 (305) 622-8541

CR2E034 (10/00)