

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-24-2002 91341 039 ***150.00

DOCUMENT # Pq90000 12318 ✓
1. Entity Name
Custom Designer Carpets, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3030 N.W. 68 St. **3. Mailing Address** 3030 N.W. 68 St. #206
Suite, Apt. #, etc. 206 Suite, Apt. #, etc. 206

DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale Fl. **City & State** Ft. Lauderdale Fl.
Zip 33309 **Country** Broward **Zip** 33309 **Country** Broward

4. FEI Number 65-0895374 **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 Hassan Ashwas

Street Address (P.O. Box Number is Not Acceptable)

300 S. Powerline Rd.

City Deerfield Bch. FL **Zip Code** 33442

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 Hassan

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

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	Presid. & Sect. Tres. & D.
NAME	Ashwas / Hassan
STREET ADDRESS	3030 N.W. 68 St. #206
CITY - ST - ZIP	Ft. Lauderdale Fl. 33309
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)(f), 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: Hassan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/2/02 954-570-7243

CR2E034B (12/01)