## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)				FILED	
DOCUMENT # P99000018934  1. Entity Name				May 28, 2002 8:00 am Secretary of State	
PRESTIGE CARPET, INC.				05-28-2002 91732 011 ***150.00	
Principal Place of Business 7941 NW 64 ST	Mailing Address				
7941 NW 64 ST MIAMI FL 33166	7941 NW 64 ST Miami FL 33166		A		
2. Principal Place of Business 14936 SW 91 ST Suite, Apt. #, etc.	3. Mailing Address 4936 Suite, Apt. #, etc.	54291S	<u>s</u> T		
City & State	City & State	District Control		DO NOT WRITE IN THIS SPACE	
MIAMI, FIF	MIAMI	<del>,                                     </del>		4. FEI Number 65-0898312 Applied For Not Applicable	
33196 Country 3 ANSE	33196	Country DADL	,	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent	Name	7	7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A.  343 ALMERIA AVENUE		Street A	eet Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134		City		FL Zip Code	
8. The above named entity submits this statement to	or the purpose of changing its r	registered office o	or registered		
SIGNATURE Signature, Types of Printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signatu	required wt	then reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible	e FILE NOW!!!	!! FEE IS \$150.0	.00	40.5	
Tax filing requirement and elects to do so (See criteria on back)	Make Check Payable			Trust Francis Country De	
11. OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME SARDINAS, LISSETTE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1183	SO SW 122 PC Addition 5 Awi, FIA 33186	
TITLE PSD	Delete	TITLE			
NAME SARDINAS, CARLOS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186		NAME STREET ADDRESS CITY-ST-ZIP	CAR 149	Perfange Addition 5 265 SARDINAS 36 SW 91 ST MI AMI, 11A 33196	
TITLE NAME	☐ Delete	TITLE	<del></del>	36 90 71 31   MI AMI; 1/A 33146   Change   Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME	Ī	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	· · ·	•	
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	!	STREET ADDRESS CITY-ST-ZIP	l		
TITLE NAME	☐ Delete	TITLE NAME	 I	☐ Change ☐ Addition	
STREET ADDRESS	,	STREET ADDRESS CITY-ST-ZIP	I		
	this filing does not qualify for t'		ad in Sectio	on 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 changed, or of an attachment with an address, with all other incomposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #