

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025628

1. Entity Name

CARPET INSTALLATION BY NOEL, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90262 048 \*\*\*150.00

Principal Place of Business

Mailing Address

3275 CORAL RIDGE DR  
CORAL SPRINGS FL 33065

3275 CORAL RIDGE DR  
CORAL SPRINGS FL 33065-3177

2. Principal Place of Business

3. Mailing Address

3275 CORAL RIDGE DR

3275 CORAL RIDGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS, FL

CORAL SPRINGS, FL

Zip

Country

Zip

Country

33065

BROWARD

33065

BROWARD

4. FEI Number

65-091 4992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINDS, NOEL  
3275 CORAL RIDGE DR  
CORAL SPRINGS FL 33065

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.

SIGNATURE

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  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES  
NAME NOEL HINDS  
STREET ADDRESS 3275 CORAL RIDGE DR  
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Delete

TITLE PRESIDENT  
NAME NOEL HINDS  
STREET ADDRESS 3275 CORAL RIDGE DR  
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Noel Hinds, PRESIDENT,  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 954 346 9050  
Date Daytime Phone #

CR2E034 (9/99)