## MINNO ACCORD COO DIEDCICO WEGUIO 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** OCUMENT # P99000037462 May 16, 2000 8:00 am Secretary of State Entity Name RIVER CARPET, INC. 02-22-2000 90036 008 \*\*\*150.00 Thate of Business Mailing Address THREE LAKES CIRCLE 9977 THREE LAKES CIRCLE **BOCA RATON FL 33428-6208** - RATON FL 33428 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 09/496 City & State City & State Not Applicable \$8.75 Additional Country يجيره كرر Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NameSILVETRA, SINUALDO N. SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its intangible 19, Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. (66/6) Addition ☐ Change TITLE Delete SILVEIRA, SINVALDO N NAME CR2E034 STREET ADDRESS 9977 THREE LAKES CIRCLE CITY-ST-ZIP ST-ZP **BOCA RATON FL 33428** Change ☐ Addition TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP Addition ☐ Change TITLE Defete NAME STREET ADDRESS .... ANDRESS CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition Detete TITLE NAME STREET ADDRESS .... aningse CITY-ST-2IP ST-ZIP ☐ Addition ☐ Delete ☐ Change STREET ADDRESS CITY-ST-212 ST 217 Addition ☐ Change TITLE Delete NAME STREET ADDRESS .... : A:070555 CITY-ST-ZIP

5. 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.

ST-ZIP