

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058830

1. Entity Name

ED & BEEZ FLOORCOVERING & HOMECENTER, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90262 030 \*\*\*158.75

Principal Place of Business

Mailing Address

1602 N.W. 95 STREET  
 MIAMI FL 33147

1602 N.W. 95 STREET  
 MIAMI FL 33147-3257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

65-0930866

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, STANLEY E JR.  
 1444 BISCAYNE BLVD.  
 SUITE 230  
 MIAMI FL 33132

Name

Theresa A. Golden

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

15230 NW 31st Avenue

City

Miami

FL

Zip Code

33054

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

*Theresa A. Golden*

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: D  
 NAME: BEASLEY, IDELLA  Delete  
 STREET ADDRESS: 1602 N.W. 95 STREET  
 CITY-ST-ZIP: MIAMI FL 33147

TITLE: P/D  Change  Addition  
 NAME: Ed MAYES  
 STREET ADDRESS: 1602 NW 95th St  
 CITY-ST-ZIP: MIAMI FL 33147

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VP/D  Change  Addition  
 NAME: THERESA A. GOLDEN  
 STREET ADDRESS: 15230 NW 31st Ave  
 CITY-ST-ZIP: ORLANDO FL 33054

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

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:

*Theresa A. Golden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)