

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90117 024 \*\*\*150.00

**DOCUMENT # P99000071127**

1. Entity Name

**BEST CARPET & UPHOLSTERY, INC.**



Principal Place of Business

**868 FULDA AVE. N.W.  
PALM BAY FL 32907**

Mailing Address

**868 FULDA AVE. N.W.  
PALM BAY FL 32907**

2. Principal Place of Business

**805 Tyrol Ave NW**  
Suite, Apt. #, etc.

3. Mailing Address

**805 Tyrol Ave NW**  
Suite, Apt. #, etc.

City & State

**Palm Bay FL**

City & State

**Palm Bay FL**

Zip  
**32907**

Country

**USA**

Zip  
**32907**

Country

**USA**

4. FEI Number

**59-3592753**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MIRABEL, LOUIS**

**868 FULDA AVE. N.W.  
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name **Mirabel, Louis**

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

**805 Tyrol Ave NW**

City **Palm Bay**

FL

Zip Code  
**32907**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Louis Mirabel**

**2/23/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD  
MIRABEL, LOUIS  
868 FULDA AVE. N.W.  
PALM BAY FL 32907** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/S/T/D  
Mirabel, Louis  
805 Tyrol Ave NW  
Palm Bay, FL 32907** ☒ Change ☐ Addition

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE

**Louis Mirabel, President**

Date

Daytime Phone #

**2/23/03**

**409-8038**

CR2E034 (10/02)