

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90063 019 ***150.00

80091470

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000074845
1. Entity Name
CARLOS FLOOR & CARPET CLEANING INC.

Principal Place of Business **Mailing Address**
11235 S. W. 7th St. **1015 N.E. 122 St.**
Miami, Fl. 33174 **Miami, Fl. 33161**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
65-0948574 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Jose Hernandez
11235 S. W. 7th St.
Miami, Fl. 33174

7. Name and Address of New Registered Agent
 Name: **Jose Hernandez**
 Street Address (P.O. Box Number is Not Acceptable):
1015 N.E. 122 St.
 City: **Miami** **FL** Zip Code: **33161**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable

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

TITLE	P/	<input type="checkbox"/> Delete
NAME	Jose Hernandez	
STREET ADDRESS	-1015 N.E. 122 St.	
CITY-ST-ZIP	Miami, Fl. 33161	
TITLE	T/	<input type="checkbox"/> Delete
NAME	Norma E. Hernandez	
STREET ADDRESS	1015 N.E. 122 St.	
CITY-ST-ZIP	Miami, Fl. 33161	
TITLE	S/	<input type="checkbox"/> Delete
NAME	Jose Hernandez Jr.	
STREET ADDRESS	1015 N.E. 122 St.	
CITY-ST-ZIP	Miami, Fl. 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **President** **4/20/00** **(305) 891-2349**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)