

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91511 024 ***150.00

DOCUMENT # P99000074845 2002
1. Entity Name
CARLOS FLOOR & CARPET CLEANING INC.

DO NOT WRITE IN THIS SPACE

642685

2. Principal Place of Business 1015 N.E. 122 St.		3. Mailing Address 1015 N.E. 122 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33161	Country DADE	Zip 33161	Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948574		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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**

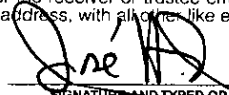
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, JOSE 1015 N.E. 122 St. MIAMI, FL. 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, NORMA E. 1015 N.E. 122 St. MIAMI, FL. 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, JOSE JR. 1015 N.E. 122 St. MIAMI, FL. 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSE HERNANDEZ -PRES.** **4/15/02** **(305) 891-2349**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)