

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90136 011 \*\*\*150.00

059423 AT

**DOCUMENT # P99000077120**

1. Entity Name  
**M & M CARPETS CORPORATION**

Principal Place of Business

P.O. BOX 422045  
 MIAMI FL 33242

Mailing Address

P.O. BOX 422045  
 MIAMI FL 33242

2. Principal Place of Business

*same*

3. Mailing Address

*same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3600888**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ALVARENGA, PATRICIA**  
**13415 SW 116 PL**  
**MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

*Alvarenga, Patricia*

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

*15549 SW 138 PL*

City

*Miami, FL*

**FL**

Zip Code

*33177*

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

*Patricia Alvarenga*

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, 2002 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	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ALVARENGA, EVELYN</b>	
STREET ADDRESS	<b>11330 SW 44TH ST</b>	<i>same</i>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ALVARENGA, MIGUEL A</b>	
STREET ADDRESS	<b>11330 SW 44TH ST</b>	<i>same</i>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-29-2002**

Date

**(305) 5599717**

Daytime Phone #

CR2E034 (9/01)