

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90105 041 ***550.00

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DOCUMENT # P99000088396

1. Entity Name
A'S CARPET, INC.



Principal Place of Business
**8854 N.W. 151 TERRACE
HIALEAH FL 33018**

Mailing Address
**8854 N.W. 151 TERRACE
HIALEAH FL 33018**



2. Principal Place of Business

~~2314 W. 7275 N. OAKMONT DR.~~
7275 N. OAKMONT DR.
Suite, Apt. #, etc.

3. Mailing Address

7275 N. OAKMONT DR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Hialeah

City & State

Hialeah

4. FEI Number

65-0951675

Applied For

Not Applicable

Zip

33018

Country

USA

Zip

33018

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALUJA, MIGUEL
8854 N.W. 151 TERRACE
MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent

Name **Miguel A. Baluja**
Street Address (P.O. Box Number is Not Acceptable)
7275 N. OAKMONT DRIVE
City **Hialeah** FL Zip Code **33018**

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 **Miguel A. Baluja (PD) - Miguel Baluja**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8/19/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PD BALUJA, MIGUEL A 8854 N.W. 151 TERRACE MIAMI LAKES FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALUJA, AMELIA L 8854 N.W. 151 TERRACE MIAMI LAKES FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUINN, RANDY 4107 COVEY RUN NAPLES FL 34109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACOSTA, DANIEL F 8854 N.W. 151 TERRACE MIAMI LAKES FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIGUEL A. Baluja 7275 N. OAKMONT DRIVE Hialeah FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Amelia L. Baluja 7275 N. OAKMONT DRIVE Hialeah, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DARIEL ACOSTA 7275 N. OAKMONT DRIVE Hialeah FL 33015	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIEL ACOSTA 7275 N. OAKMONT DRIVE Hialeah, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **Miguel A. Baluja (PD) - Miguel Baluja** **8/19/03** **305-525-2877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)