

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90034 011 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Document # 551910			
1. Entity Name C.J. TILE & CARPET INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4750 NW 74 PLACE		3. Mailing Address 4750 NW 74 PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cocoa Creek FL		City & State Cocoa Creek FL	
Zip 33073		Zip 33073	
Country Broward		Country Broward	
4. FEI Number 65-0264523		Applied For Not Applicable	
5. Certificate of Status Desired #		\$8.75	
7. Name and Address of Current Registered Agent			
Name CHISESI, STEFANO			
Street Address (P.O. Box Number is Not Acceptable) 1020 SW 42 Terr			
City Deerfield Beach FL			
Zip Code 33442			
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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
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	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP P CHISESI, STEFANO 1020 SW 42 Terr Deerfield Beach FL 33442		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/25/2002 Date Daytime Phone #	

CR2E034B (12/01)