

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

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90038 001 ***150.00

DOCUMENT # **361539**

1. Entity Name

Carpet-Plus, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9421 Harding Ave

Suite, Apt. #, etc.

3. Mailing Address

9421 Harding Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Surfside Fl.

City & State

Surfside Fl.

4. FEI Number

Applied For

Not Applicable

Zip

33154

Country

USA-Data

Zip

33154

Country

Miami Data

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Clara I Cruz Villegas

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

3375 N Country Club Dr.

APT. 1203

City

Aventura

FL

Zip Code

33180

**DO NOT WRITE
IN THIS SPACE**

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

Clara I Cruz Villegas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAN-15-2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See Criteria on back) ☒

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
Clara I Cruz Villegas
3375 N. Country Club Dr. APT 1203
Aventura Fl. 33180**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V.
Patricia Ballesteros
3247 NE 168 ST
N. MIAMI Bch Fl 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Clara I Cruz Villegas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-15-2002

Date

305-861-6444

Daytime Phone #

CR2E034B (12/01)