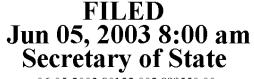
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** V07857 **DOCUMENT#**



PALM BEACH CARPET, INC.					00-03-2003 90132 002	
Principal Place of Business 2840 NO FEDERAL HIGHWAY FORT LAUDERDALE FL 33306 US		Mailing Address 2840 NO FEDERAL HIGHWAY FORT LAUDERDALE FL 33306 US				
2. Principal Place of Business		3. Mailing Address			E LOUIE BYRANI ODYN LODAN LODAN DINNE LODAY DIANY DIDIN DIDIN DIDIN DIDIN DIDIN BADA 4404	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 65-0314620 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired Service Servi	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent	
			Name		्रिक्ष के प्रतिकार के प्रतिका	
LAUX, PHILIP S			Street Ad	Idrace /P	P.O. Box Number is Not Acceptable)	
2840 N FEDERALL HWY			Judet Ad	17 669101	.o. box Number is not Acceptable)	
FORT LAUDERDALE FL 33306				·		
	Tag.		City		<b>⊏I</b> Zip Code	
					<b></b>	
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.						
ine obligation	s or registered agent.					
SIGNATURE	<u> </u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	SD	☐ Delete	TITLE		☐ Change ☐ Addition	
	AUX, PHILIP S.		NAME		);	
	840 NO FEDERAL HIGHWAY	•	STREET ADDRESS		1;	
	ORT LAUDERDALE FL		CITY-ST-ZIP			
TITLE V		☐ Delete	TITLE		☐ Change ☐ Addition	
	urnos, federick		NAME			
	98 NE 167 ST		STREET ADDRESS CITY-ST-ZIP			
<del></del>	MIAMI BEACH FL					
TITLE	والمراجع المناسب	Delete	TOTLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE		☐ Change ☐ 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

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition