

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

DOCUMENT # **V16503**

1. Entity Name

**AMERICAN CARPET MASTER**



**FILED**

**May 01, 2003 8:00 am  
Secretary of State**

05-01-2003 90367 015 \*\*\*150.00

**20037936**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4631 CHYrene PDR**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 616757**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**KISSIMMEE, FL**

Zip **34746**

City & State

**ORLANDO, FL**

Zip **32861**

4. FEI Number

**59-3120331**

Applied For

Not Applicable

Country

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**JANUARY 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<b>PRESIDENT</b> <b>P.O. Box 616757</b> <b>ORLANDO, FL 32861</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.PRESIDENT</b> <b>AMMAD WAHAB</b> <b>P.O. Box 616757</b> <b>ORLANDO, FL 32861</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-28-03*

Date

Daytime Phone #

CR2E034B (12/02)

*attachment*

# V16503

20037936

\*\*\*\*\*

\*\*\*\*\*

	CORPORATE DETAIL RECORD SCREEN	1:10 PM
4/28/03		
NUM: V16503	ST:FL ACTIVE/FL PROFIT	FLD: 02/24/1992
LAST: AMENDMENT		FLD: 02/28/1994
FEI#: 59-3120331		
NAME : AMERICAN CARPET MASTERS, INC.		
PRINCIPAL: 372 N. BUENA VISTA		CHANGED: 10/01/97
ADDRESS ORLANDO, FL 32835 US		
MAILING : P.O. BOX 618003		CHANGED: 10/01/97
ADDRESS ORLANDO, FL 32861		
RA NAME : BASSEM, WAHAB		NAME CHG: 05/01/94
RA ADDR : 8151 LESIA CIRCLE		ADDR CHG: 03/03/99
	ORLANDO, FL 32835	
ANN REP : (2000) A 01/19/00	(2001) A 04/19/01	(2002) A 05/06/02

	OFFICER/DIRECTOR DETAIL SCREEN	1:11 PM
4/28/03		
CORP NUMBER: V16503	CORP NAME: AMERICAN CARPET MASTERS, INC.	
TITLE: P NAME: BASSEM, WAHAB	323 N. BUENA VISTA	
	ORLANDO, FL 32835	
TITLE: VP NAME: AHMAD, WAHA D.	4272 PINEBARK AVENUE	
	ORLANDO, FL	

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----