

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90487 047 ***150.00

DOCUMENT # V55288

1. Entity Name
ELIAHU GOLAN CARPETS TO GO, INC.

Principal Place of Business

**708 NW 5TH ST
 BOCA RATON FL 33486**

Mailing Address

**4181 NW 1 AVE
 BAY 1
 BOCA RATON FL 33431**



2. Principal Place of Business

**4201 OAK CIRCLE
 Suite, Apt. #, etc. 37**

3. Mailing Address

**23113 Boca Club Colony Cir
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

Boca Raton FL

4. FEI Number

65-0104371

Applied For

Not Applicable

Zip **33431**

Country **Palm Beach**

Zip **33433**

Country **Palm Beach**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLAN, ELIAHU
 4184 NW 1 AVE BAY 1
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **GOLAN ELIAHU**
 Street Address (P.O. Box Number is Not Acceptable)
**4201 OAK CIRCLE
 BAY # 37**
 City **BOCA RATON FL** Zip Code **33431**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	GOLAN, ELIAHU	
STREET ADDRESS	4181 NW 1 AVE BAY 1	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLAN ELIAHU	
STREET ADDRESS	4201 OAK CIRCLE BAY # 37	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Eliahu Golan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 02 561 338 0303

Date

Daytime Phone #

CR2E034 (9/01)