2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE

Jan 28, 2002 8:00 am DOCUMENT # S87498 **Secretary of State** 1. Entity Name 01-28-2002 90011 026 ***150.00 GLOBAL RUG PROPERTIES, INC. Principal Place of Business Mailing Address % DUBIN % DUBIN 6217 NW 2187 COURT 6217 NW 21ST COURT BOCA RATON FL 33496 **BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address 2035 NW 2035 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0293266 BOCA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUBIN, CATHY 6217 NW 21ST CT **BOCA RATON FL 33496** its this statement for the purpose <u>of charging its regis</u>tered office or registered agent, or both, in the State of Florida 8. The above named entity su ature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01); PRES TITLE Delete ☐ Change Addition RICHARA DUBIN, CATHY NAME NAME NW 56 2035 STREET ADDRESS 6217 NW 21ST CT. STREET ADDRESS 33496 RATON **BOCA RATON FL** CiTY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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