

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-15-2002 90156 026 ***150.00

UBR0304 AV

DOCUMENT # P01000075363

1. Entity Name
S & V GENERAL UPHOLSTERY, INC.

| | |
|---|---|
| Principal Place of Business 23722 SW 132 AVE HOMESTEAD FL 33032 | Mailing Address 23722 SW 132 AVE HOMESTEAD FL 33032 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i> | 3. Mailing Address Suite, Apt. #, etc. <i>SAME</i> |
|---|---|

| | | | |
|---------------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 65-1132803 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33032 | Country | Zip | Country |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent SANCHEZ, MANUEL 983 NE 5 AVE #2 HOMESTEAD FL 33030 | 7. Name and Address of New 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.

SIGNATURE *Manuel Sanchez OR Obed Vasquez* DATE *05-30-02*

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SANCHEZ, MANUEL 983 NE 5 AVE #2 HOMESTEAD FL 33030 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete T FUENTES, ROSA M 983 NE 5 AVE #2 HOMESTEAD FL 33030 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete V VASQUEZ, OBED I 231 S.E. 6TH AVE, #203 HOMESTEAD FL 33030 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Obed Vasquez* DATE *05-30-02* DAYTIME PHONE # *305 258 0200*

CFR2E034 (9/01)