

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90071 018 ***150.00

DOCUMENT # P94000058997

1. Entity Name
WALDO'S DESIGNERS AND UPHOLSTERY, INC

Principal Place of Business 18482 W DIXIE HWY N MIAMI BEACH FL 33160	Mailing Address 18482 W DIXIE HWY N MIAMI BEACH FL 33160-2060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0450426	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEIL, JESUS F 18005 NE 19TH AVE N MIAMI BEACH FL 33162			Name WALDO RAMOS Street Address (P.O. Box Number is Not Acceptable) 18482 WEST DIXIE HWY City NORTH MIAMI BEACH FL Zip Code 33160		
WALDO RAMOS 18558 NE 18TH AVE N MIAMI BEACH APT-203 FL-33179					

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 _____ DATE _____
Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE ALICIA RAMOS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMOS, WALDO		NAME 18558 NE 18TH AVE 203	
STREET ADDRESS 18558 NE 18TH AVE, 203		STREET ADDRESS W. MIAMI BEACH FL 33179	
CITY-ST-ZIP N MIAMI BEACH FL 33179		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ONEILL, JESUS F		NAME	
STREET ADDRESS 18005 NE 19TH AVE		STREET ADDRESS	
CITY-ST-ZIP N MIAMI BEACH FL 33182		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMOS, MODESTO B		NAME	
STREET ADDRESS 18005 NE 19TH AVE		STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ DATE **4-14-00** DAYTIME PHONE # _____
SIGNATURE AND DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)