

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90142 048 \*\*\*150.00

DOCUMENT # 098000082821  
 1. Entity Name  
Furniture Artist & Interiors Inc.

Principal Place of Business Mailing Address  
783 N.E. 125th Street  
Miami, FL 33161

80088953

2. Principal Place of Business 783 N.E. 125th St.  
 Suite, Apt. #, etc.

3. Mailing Address 783 N.E. 125 St  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami, FL  
 Zip 33161 Country U.S.A.

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4. FEI Number 65-0908907 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
Jose Mojena Jr  
2903 Point East Dr. K201  
Aventura, FL 33160

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Jose Mojena Jr.</u> <u>2903 Point East Dr. K201</u> <u>Aventura, FL 33160</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-President</u> <u>Jose Mojena Sr.</u> <u>2903 Point East Dr. K201</u> <u>Aventura, FL 33160</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: Jose Mojena Jr Date 4/28/2000 Daytime Phone # (305) 895-6951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR21 034 (9/99)