2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P9900016055 1. Entity Name DAYAMA FURNITURE CORP. 03-06-2001 90346 047 ***150.00 walle 🕶 🤏 🚅 Mailing Address Principal Place of Business 120 W. 25TH ST. 120 W. 25TH ST. HIALEAH FL 33010 HIALEAH FL 33010 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0898259 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESTEVEZ, DANIEL O Street Address (P.O. Box Number is Not Acceptable) 120 W. 25TH ST. HIALEAH FL 33010 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible _10. Election Campaign.Financing \$5.00-May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change □ Addition PTD TITLE ☐ Delete TITLE NAME NAME ESTEVEZ, DANIEL O STREET ADDRESS STREET ADDRESS 661 E. 11TH PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 Change Addition ☐ Delete TITLE TITLE VSD NAME NAME ESTEVEZ, MARITZA STREET ADDRESS STREET ADDRESS 661 E. 11TH PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. Thereby certify that the information supplied with this filling 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 of director of director of the corporation of the co

STREET ADDRESS

CITY_ST_ZIP___

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR