

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90021 021 ***150.00

DOCUMENT # 381870

1. Entity Name

EL DORADO FURNITURE CORPORATION

Principal Place of Business

4200 NW 167TH ST
 MIAMI GARDENS FL 33054

Mailing Address

4200 NW 167TH ST
 MIAMI GARDENS FL 33054-6112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1350886

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

906930



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPO, LUIS E.
4200 N.W. 167 STREET
MIAMI GARDENS FL 33054

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio		
	CAPO, MANUEL M	4200 N.W. 167 STREET	MIAMI GARDENS FL 33054				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio		
	VPD						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio		
	CAPO, CARLOS	4200 N.W. 167 STREET	MIAMI GARDENS FL 33054				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio		
	PD						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio		
	CAPO, LUIS E.	4200 N.W. 167 STREET	MIAMI GARDENS FL 33054				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio		
	DT						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio		
	CAPO, JULIO C	4200 N.W. 167 STREET	MIAMI GARDENS FL 33054				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio		
	SD						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio		
	CAPO, PEDRO A	4200 N.W. 167 STREET	MIAMI GARDENS FL 33054				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Additio		

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 an agent, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **Secretary** **1/19/2000** **305/624-9700**