

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90102 019 ***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**



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**

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Manuel M. Capó, President* 1/27/03 305-624-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)