FILED Feb 25, 2002 8:00 am Secretary of State

02-25-2002 90065 049 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

448421

DOCUMENT #

1. Entity Name

PALACE FURNITURE & UPHOLSTERY, INC.

Principal Place of Business

Mailing Address

3821 N.E. 1ST COURT MIAMI FL 33137 3821 N.E. 1ST COURT MIAMI FL 33137

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State



DATE

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-1536338

Applied For Not Applicable

Zip

Country

Zip

Country

S. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

(NOTE: Registered Agent signature required when reinstating)

ANTON, EDUARDO 2931 CORAL WAY #200 MIAMI FL

Tax filing requirement and elects to do so.

Name			
Street Address (P.O. Box Number is Not Acceptable)			
City	Fi	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.

9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE ☐ Change TITLE PADRON, CARLOS NAME NAME 3312 SW 93RD CT. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Oelete TITLE Change NAME 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7/11/02 385.57676

CR2E034 (9/01)