

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 592336

1. Entity Name

HMF CUSTOM FURNITURE CORP.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90025 047 ***150.00

Principal Place of Business

Mailing Address

5830 SHERIDAN ST.
HOLLYWOOD FL 33021

5830 SHERIDAN ST.
HOLLYWOOD FL 33021-3253

2. Principal Place of Business

3. Mailing Address

4800 N 37st
Suite, Apt. #, etc.
Hollywood FL 33021

4800 N 37st
Suite, Apt. #, etc.
Hollywood FL

City & State
33021 USA

City & State
33021 USA

Zip
Country

Zip
Country

4. FEI Number 59-1861583

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERKIEL, LESLIE
4800 N 37 ST
HOLLYWOOD FL 33021

Name Leslie Terkiel
Street Address (P.O. Box Number is Not Acceptable)

4800 N 37st
City Hollywood FL Zip Code 33021

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  Leslie Terkiel Pres. 1/13/00
(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 P
NAME TERKIEL, LESLIE
STREET ADDRESS 4800 N 37 ST
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE S
NAME TERKIEL, DANA
STREET ADDRESS 4800 N 37TH ST
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addit

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 DIRECTOR

1/13/00 954 931 980
Date Daytime Phone #