

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90204 010 ***150.00

DOCUMENT # 592336

1. Entity Name

HMF CUSTOM FURNITURE CORP.

Principal Place of Business

~~4800 N 37 ST~~
~~HOLLYWOOD FL 33021~~

Mailing Address

~~4800 N 37 ST~~
~~HOLLYWOOD FL 33021~~

2. Principal Place of Business

18700 Sea Turtle Lane
 Suite, Apt. #, etc.

3. Mailing Address

18700 Sea Turtle Lane
 Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33498

Country

USA

Zip

33498

Country

USA

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/01

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, 2001 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** ☐ Delete
 NAME **TERKIEL, LESLIE**
 STREET ADDRESS **4800 N 37 ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☒ Change ☐ Addition
 NAME **Leslie Terkiel**
 STREET ADDRESS **18700 Sea Turtle Lane.**
 CITY-ST-ZIP **Boca Raton FL 33498**

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

TITLE ☒ Change ☐ Addition
 NAME **DANA Terkiel**
 STREET ADDRESS **18700 Sea Turtle Lane.**
 CITY-ST-ZIP **Boca Raton FL 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 DIRECTOR

Date

Daytime Phone #

1/15/01 954 931 9886

CR2E034 (10/00)