

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90849 011 ***150.00

DOCUMENT # 592336

1. Entity Name
HMF CUSTOM FURNITURE CORP.



Principal Place of Business
**18700 SEA TURTLE LANE
BOCA RATON FL 33498**

Mailing Address
**18700 SEA TURTLE LANE
BOCA RATON FL 33498**



2. Principal Place of Business
9778 Napoli Woods Lane

3. Mailing Address
9778 Napoli Woods Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Delray Beach FL

City & State
Delray Beach FL

4. FEI Number **59-1861583**

Applied For
☐ Not Applicable

Zip
33446

Country
US

Zip
33446

Country
US

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

6. Name and Address of Current Registered Agent

**TERKIEL, LESLIE
18700 SEA TURTLE LANE
BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name **Leslie Terkiel**
Street Address (P.O. Box Number is Not Acceptable)
9778 Napoli Woods Lane
City **Delray Beach FL** Zip Code **33446**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

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

TITLE **P** ☐ Delete
NAME **TERKIEL, LESLIE**
STREET ADDRESS **18700 SEA TURTLE LANE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **S** ☐ Delete
NAME **TERKIEL, DANA**
STREET ADDRESS **18700 SEA TURTLE LANE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Leslie Terkiel**
STREET ADDRESS **9778 Napoli Woods Lane**
CITY-ST-ZIP **Delray Beach FL 33446**

TITLE **S** ☒ Change ☐ Addition
NAME **Dana Terkiel**
STREET ADDRESS **9778 Napoli Woods Lane**
CITY-ST-ZIP **Delray Beach FL 33446**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 (954)931-9886
Date Daytime Phone #

CR2E034 (10/02)