

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90112 016 ***150.00

DOCUMENT # F83439

1. Entity Name
ALMACEN Y MUEBLERIA LA FLORIDA, U.S.A., INC.

Principal Place of Business Mailing Address
1550 W 84TH ST N 50 **1550 W 84TH ST N 50**
HIALEAH FL 33014 **HIALEAH FL 33014**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-2194823** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABOU, SALMAN
1550 W 84TH ST
#50
HIALEAH FL 33014

Name
Chady J. Abou

Street Address (P.O. Box Number is Not Acceptable)
1550 W. 84 St., # 50

City **Hialeah** State **FL** Zip Code **33014**

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 DATE **1-18-01**

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

(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, 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	V	<input type="checkbox"/> Delete
NAME	IMSAF ALI-DARGHAM DE ABOU-ALA	
STREET ADDRESS	NONE	
CITY-ST-ZIP	CARACAS VE	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ABOU, SALMAN	
STREET ADDRESS	1550 W 84TH ST., #50	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ABOU, CHADY J	
STREET ADDRESS	1550 W 84 ST., STE 50	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

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: DATE: **1/18/01** DAYTIME PHONE #: **(305)822-3896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chady J. Abou, V.P.

CR2E034 (10/00)