## 2002 Uniform Business Report (UBR)

indicated on this report or supplemental of the corporation or the receiver or truste changed, or on an attachment with an

## Mar 18, 2002 8:00 am 8 DOCUMENT # F87977 **Secretary of State** 1. Entity Name KOKI INTERIORS FURNITURE MANUFACTURING. INC. 03-18-2002 90066 027 \*\*\*158.75 Principal Place of Business Mailing Address C/O JOSE PELAEZ C/O JOSE PELAEZ 8081 WEST 28TH AVENUE 8081 WEST 28TH AVENUE HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2209907 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PELAEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 8081 WEST 28TH AVENUE HIALEAH FL Zip Code City 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. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. 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. TITLE STD ☐ Addition ☐ Delete TITLE PELAEZ, MAGDA NAME NAME 7680 WEST 7TH AVE. STREET ADDRESS STREET ADDRESS HIALEAH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE PD ☐ Delete TITLE Change ☐ Addition NAME PELAEZ, JOSE NAME STREET ADDRESS 7680 WEST 7TH AVE. STREET ADDRESS CITY-ST-7IP HIALEAH, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental red this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034 (9/01)