

\$300.00

**01-02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **G81846**

FILED

02 APR 29 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Home Designed Furniture Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2828 Coral Way
Suite, Apt. #, etc.

3. Mailing Address
2828 Coral Way
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33145
Country

City & State
Miami, FL
Zip
33145
Country

4. FEI Number
592354053
Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
Name **Rafael Amador**
Street Address (P.O. Box Number is Not Acceptable)
3400 NW 62 ST.
City **Miami** FL Zip Code **33142**

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 **Rafael Amador**
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Rafael Amador 3400. NW 62 ST Miami, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Maria Amador 3400. NW 62 ST Miami, FL 33145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000005491174-4 -05/08/02--01021--006 ****600.00 ****300.00
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DO NOT WRITE IN THIS SPACE

msn

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rafael Amador**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0345 (12/95)

HOME DESIGNED FURNITURE CORPORATION
DOC.# G81846

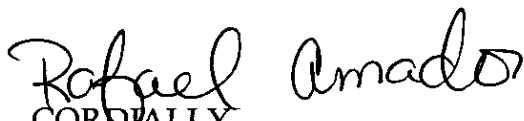
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE. PLEASE TAKE THIS
LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT
STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER
DON'T HESITATE TO CONTACT ME.


CORDIALLY
RAFAEL AMADOR
PRESIDENT