

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # G81846**

1. Entity Name  
**HOME DESIGNED FURNITURE CORPORATION**



**11040198**

Principal Place of Business  
 3400 NW 62 ST  
 MIAMI, FL 33146

Mailing Address  
 3400 NW 62 ST  
 MIAMI, FL 33146

2. Principal Place of Business  
**3400 NW 62 ST**

3. Mailing Address  
**3400 NW 62 ST**

Suite, Apt. #, etc. State, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI - FL 33147**

City & State  
**MIAMI - FL 33147**

4. FEI Number  
**59-2354053**

Applied For  
 Not Applicable

Zip  
**33147**

County  
**MIAMI-DADE**

Zip  
**33147**

County  
**MIAMI-DADE**

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

**AMADOR, RAFAEL**  
**3400 NW 62 ST**  
**MIAMI, FL 33142**

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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE DATE

FILE NOW! FEE IS \$35.00  
 MAY 15, 2003 FEE WILL BE \$50.00  
 MIAMI COUNTY PAYABLE TO REGISTERED AGENT DEPARTMENT OF STATE

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AMADOR, RAFAEL 3400 NW 62 ST MIAMI, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMADOR, MARIA 3400 NW 62 ST MIAMI, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITE034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ DATE \_\_\_\_\_