

# 2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

**DOCUMENT #** R55279  
**1. Entity Name**  
Creative Furniture Industries, Incorporated

FILED

01 OCT 12 AM 8:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business** **Mailing Address**  
c/o Armando Porto same  
14565 N.W. 26th Ave.  
Opa Locka, FL 33054

**2. Principal Place of Business** **3. Mailing Address**  
14565 N.W. 26 Ave. 14565 NW 26 Ave.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** **City & State**  
Opa Locka, FL Opa Locka, FL  
**Zip** **Country** **Zip** **Country**  
33054 USA 33054 USA

**4. FEI Number** **Applied For**  
65-0090723  **Not Applicable**  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
Armando J. Porto  
14565 NW 26th Ave.  
Opa Locka, FL 33054

**7. Name and Address of New Registered Agent**  
**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.**  
**SIGNATURE** Armando Porto **DATE** 10/08/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 \$350.00  
 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PDT</u> <u>Armando J. Porto</u> <u>14565 NW 26th Ave.</u> <u>Opa Locka, FL 33054</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<u>200004661802--9</u> <u>-11/01/01--01009--001</u> <u>****150.00</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Armando Porto **DATE** 10/08/01 **Daytime Phone #** (305) 681-8568  
Signature and typed or printed name of signing officer or director

CR2E034 (11/00)

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**CREATIVE FURNITURE INDUSTRIES INC.**  
**14565 NW 26<sup>TH</sup> AVENUE**  
**OPA LOCKA, FL. 33054**  
**(305) 681-8568**

October 08, 2001

Florida Department Of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

**RE: REINSTATEMENT OF CORPORATION, FEDERAL ID# 65-0090723**

Dear Sir/Madam,


It has come to our attention that the 2001 Uniform Business Report was not filed and the Corporation has been dissolved. We never received the report to complete and mail back. We had a fire and our operations were interrupted. Much of our mail was never received during that time. I have since spoken with your office and was informed that I can download through the Internet, which I have done.

I am sending a check for the amount of \$150.00 and a completed 2001 Uniform Business Report. I am extremely hopeful that you can waive penalties assessed for late filing and reinstatement. Please verify that the address for mailing is correct so this problem does not arise again. Your cooperation and understanding is greatly appreciated.

Thanking you in advance.

Respectfully,

**CREATIVE FURNITURE INDUSTRIES INC.**

  
Armando J. Porto  
President