

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

R55279

1. Entity Name

Creative Furniture
Industries, Incorporated

Principal Place of Business

c/o Armando Porto
14565 N.W. 26th Ave.
Opa Locka, FL 33054

Mailing Address

Same

2. Principal Place of Business

14565 N.W. 26 Ave.

Suite, Apt. #, etc.

3. Mailing Address

14565 NW 26 Ave.

Suite, Apt. #, etc.

City & State

Opa Locka, FL

City & State

Opa Locka, FL

Zip

33054

Country

USA

Zip

33054

Country

USA

4. FEI Number

65-0090723

Applied For

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/08/01

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

TITLE: P.D.T.
NAME: Armando J. Porto
STREET ADDRESS: 14565 NW 26th Ave.
CITY-ST-ZIP: Opa Locka, FL 33054

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: 200004661802--S
-11/01/01--01009--001

☐ Change

☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: *****150.00 *****150.00

☐ Change

☐ Addition

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STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/01

Date

(305) 681-8568

Daytime Phone #

FILED

01 OCT 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

282

CREATIVE FURNITURE INDUSTRIES INC.
14565 NW 26TH 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