

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89198

1. Entity Name

AMERIMARK FURNITURE CORPORATION

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90103 018 \*\*\*150.00

Principal Place of Business

Mailing Address

2994 N MIAMI AVE  
MIAMI FL 33127

2994 N MIAMI AVE  
MIAMI FL 33127-3903

2. Principal Place of Business

3. Mailing Address

4940 E 10 Lane

4940 E 10 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, FL

Hialeah, FL

Zip

Country

Zip

Country

33013

33013

4. FEI Number

65-0120649

Applied For

Not Applicable

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

LOPEZ, ANTONIO  
12015 SW 18 TERRACE  
#16  
MIAMI FL 33175

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
LOPEZ, ANTONIO  
12015 SW 18 TERRACE #16  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LOPEZ, BLANCA  
12015 SW 18 TERRACE #16  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(305) 953-9521

Daytime Phone #

CR2E034 (9/99)