

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000164

1. Entity Name

MAXIMILIAN DESIGN FURNITURE LLC

Principal Place of Business

Mailing Address

721 S.E. 17TH STREET, SUITE 200
FT. LAUDERDALE FL 33316

721 S.E. 17TH STREET, SUITE 200
FT. LAUDERDALE FL 33316

2. Principal Place of Business

1855 GRIFFIN ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE C-440

Suite, Apt. #, etc.

City & State

DANIA BEACH, FL.

City & State

Zip

33004

Country

USA

Zip

Country

4. FEI Number

65-0970758

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LAMOTHE, FERNAND
721 S.E. 17TH STREET
SUITE 200
FT. LAUDERDALE FL 33316

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALIX, GILLES ANDRE
61 FIESTA WAY
FT. LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5310 N.E. 31ST AVENUE
FORT LAUDERDALE, FL 33308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MARTINEZ FLORES, MARTHA T
AVE. GANARO GARCIA # 93
C.P. 15900, MEXICO, D.F. ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4000004368144-0
-06/06/01--01089--014
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/03/01 954-267-9121

FILED

01 MAY -7 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE