

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90011 001 \*\*\*150.00  
 09-18-2000 90006 010 \*\*\*408.75

**DOCUMENT # L21905**

1. Entity Name

**RICHARD LAWRENCE FURNITURE AND DESIGN SERVICES,**

Principal Place of Business

2950 JACKSON  
 COCONUT GROVE FL 33133  
 US

Mailing Address

P.O BOX 331180  
 COCONUT GROVE FL 33233-1180  
 US

2. Principal Place of Business

**4731 PINE TREE DR**

Suite, Apt. #, etc.

3. Mailing Address

**4731 PINE TREE DR.**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH FL**

City & State

**MIAMI BEACH FL 33140**

4. FEI Number

**65-0151280**

Applied For

Not Applicable

Zip

**33140**

Country

**DA DR**

Zip

**33140**

Country

**DA DR**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MACHADO, EFRAIN  
 4731 PINE TREE DR  
 MIAMI BEACH FL 33140**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 reappointing)

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

TITLE **P** ☐ Delete  
 NAME **MACHADO, EFRAIN**  
 STREET ADDRESS **2950 JACKSON AVE**  
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **MACHADO EFRAIN**  
 STREET ADDRESS **4731 PINE TREE DR.**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

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

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:

*Efrain Machado*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 11, 2000*  
 Date

**305-534-4652**  
 Daytime Phone #

CR2E:334 (9/99)