2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002237

1. Entity Name

DCI FURNITURE, LC

FILED

00 JAN 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3901 WEST SUNRISE BOULEVARD. SUITE 145 FORT LAUDERDALE FL 33311	P.O. BOX 1543 HALLANDALE FL 33008-1543

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0868385 ☐ Applied For ☐ Not Applic.

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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	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

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 MORAD, HUSSEIN 3901 WEST SUNRISE BOULEVARD, SUITE 142 FORT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000003119840 ☐ Change -02/01/00--01106--009 *****50.00 *****50.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MELITA TAYLOR DE ZAMORA 3901 WEST SUNRISE BOULEVARD, SUITE 142 FORT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZAMORA GUILL, ERNESTO 3901 WEST SUNRISE BOULEVARD, SUITE 142 FORT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZAMORA TAYLOR, MIRTA A 3901 WEST SUNRISE BOULEVARD, SUITE 142 FORT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change

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: Hussein Morade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #