

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90020 032 *****55.00

DOCUMENT # L98000002237

1. Entity Name

DCI FURNITURE, LC



Principal Place of Business

~~3901 WEST SUNRISE BOULEVARD, SUITE 142~~
~~FORT LAUDERDALE FL 33311~~

Mailing Address

P.O. BOX 1543
HALLANDALE FL 33009

2. Principal Place of Business

18346 NE 2nd AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33179-4424 B U.S.A.

Country

4. FEI Number **65-0868385**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUSSEIN, MORAD
1939 JEFFERSON ST., #102
HOLLYWOOD FL 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **HUSSEIN MORAD**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MORAD, HUSSEIN**
STREET ADDRESS **3901 WEST SUNRISE BOULEVARD, SUITE 142**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **MGR** ☐ Delete
NAME **MELITA TAYLOR DE ZAMORA**
STREET ADDRESS **3901 WEST SUNRISE BOULEVARD, SUITE 142**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **MGR** ☐ Delete
NAME **ZAMORA GUILL, ERNESTO**
STREET ADDRESS **3901 WEST SUNRISE BOULEVARD, SUITE 142**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **MGR** ☐ Delete
NAME **ZAMORA TAYLOR, MIRTA A**
STREET ADDRESS **3901 WEST SUNRISE BOULEVARD, SUITE 142**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **18346 NE 2nd AVE**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **18346 NE 2nd AVE**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **18346 NE 2nd Ave**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **OUT,**
CITY-ST-ZIP

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

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

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 A. Morad** MGR **04-08-03 954-937-1939**

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

Date

Daytime Phone #

CR2E083 (10/02)