

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0010214

DOCUMENT # M01000001648

1. Entity Name
RER FURNITURE LLC

03-18-2002 90013 003 ****50.00

Principal Place of Business

1900 S.W. 57TH AVE.
 MIAMI FL 33155

Mailing Address

1900 S.W. 57TH AVE.
 MIAMI FL 33155

7 0 1 0 0 1

2. Principal Place of Business

4801 S. University Dr
 Suite, Apt. #, etc.
 115

3. Mailing Address

4801 S. University Dr
 Suite, Apt. #, etc.
 115

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

APPLIED FOR

65-1112175

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BONNY, LENICE W
 4801 S. UNIVERSITY DR, SUITE 115
 DAVIE FL 33328

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.

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAYMOND HADINATA	
STREET ADDRESS	4801 S. University Dr	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	S	<input type="checkbox"/> Delete
NAME	YANI INDRAWATI	
STREET ADDRESS	4801 S. University Dr	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Herman Librera	
STREET ADDRESS	4801 S. University Dr	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

Herman Librera 3/2/02

CR2E083 (9/01)