

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

0176155

**DOCUMENT # M54312**

1. Entity Name  
**FURNITURE BY BENI CORP.**

04-10-2001 90089 032 \*\*\*150.00

Principal Place of Business

Mailing Address

**3505 NW 54TH ST  
 HIALEAH FL 33142**

**3505 NW 54TH ST  
 HIALEAH FL 33142**

**80027669**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**275 East 10th Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address

**275 East 10th Avenue**  
 Suite, Apt. #, etc.

City & State

**Hialeah Florida**

City & State

**Hialeah Florida**

4. FEI Number

**59-2818683**

Applied For

Not Applicable

Zip

**33010**

Country

**U.S.A.**

Zip

**33010**

Country

**U.S.A.**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FONTAN, BENIGNO JR.  
 3230 S.W. 99 AVE.  
 MIAMI FL 33165**

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

*Benigno Fontan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FONTAN, BENIGNO JR.</b>	
STREET ADDRESS	<b>3230 SW 99TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FONTAN, LUCIA NIDIA</b>	
STREET ADDRESS	<b>3230 S.W. 99 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>FONTAN, BENIGNO SR.</b>	
STREET ADDRESS	<b>1855 W. 62 ST APT. #108</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Benigno Fontan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-21-01**

Date

**305-863-7787**

Daytime Phone #

CR2E034 (10/00)