

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M59688

1. Entity Name

CARMEN FURNITURE WAREHOUSE, INC.

Principal Place of Business

4121 NW 135 ST  
OPALOCKA FL 33054  
US

Mailing Address

4121 NW 135 ST  
OPALOCKA FL 33054-4615  
US

2. Principal Place of Business

4121 NW 135 ST

Suite, Apt. #, etc.

OPALOCKA FLA

City & State

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

33054

Country

U.S.

Zip

Country

4. FEI Number

65-0005250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

B SIGARRETTA  
10916 NW 7TH ST #504  
S-206  
MIAMI FL 33172

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

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 GOMEZ, NELSON  
STREET ADDRESS 4129 WEST 8TH AVE.  
CITY-ST-ZIP HIALEAH FL

TITLE S ☐ Delete  
NAME GOMEZ, CARMEN  
STREET ADDRESS 4129 WEST 8TH AVE.  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson Gomez

Date

Daytime Phone #

4/7/2000

305-687-6379

FILED  
Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90151 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CD05024 10/00