

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015259

1. Entity Name

E & F FURNITURE DELIVERY, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90022 002 ***150.00

Principal Place of Business

Mailing Address

6725 MIAMI LAKES DRIVE E
#D118
MIAMI LAKES FL 33014

6725 MIAMI LAKES DRIVE E
#D118
MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

13385 S.W. 24th ST.

13385 S.W. 24th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FLORIDA

City & State

MIRAMAR FLORIDA

4. FEI Number

65-1014322

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

33027

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUIZ, EMILIO
6725 MIAMI LAKES DRIVE E
#D118
MIAMI LAKES FL 33014

13385 S.W. 24th ST.
MIRAMAR, FL. 33027

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RUIZ, EMILIO
STREET ADDRESS 6725 MIAMI LAKES DRIVE E
CITY-ST-ZIP MIAMI LAKES FL 33014
13385 S.W. 24th ST.
MIRAMAR, FL. 33027

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

TITLE VD ☐ Delete
NAME RUIZ, FRANCA M
STREET ADDRESS 6725 MIAMI LAKES DRIVE E
CITY-ST-ZIP MIAMI LAKES FL 33014
13385 S.W. 24th ST.
MIRAMAR, FL. 33027

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Date

Daytime Phone #

4/24/01 954-432-5358

013783

CR2E034 (10/00)