

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91288 001 ***150.00

DOCUMENT # P00000024518

1. Entity Name:

D & D DOORS & FURNITURE INC. ✓

Principal Place of Business:

11510 SW 92 ST.
MIAMI FL 33176

Mailing Address:

11510 SW 92 ST
MIAMI FL 33176**A0067800**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2828 CORAL WAY

Suite, Apt. #, etc.

SUITE 410

City & State

MIAMI FL

Zip

33145

Country

U S A

4. FEI Number

65-1034952

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JAY AARON
11510 SW 92 ST.
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

DANIEL F. SOLANO

Street Address (P.O. Box Number is Not Acceptable)

2828 CORAL WAY

SUITE 410

City

MIAMI

FL

Zip Code

33145

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, 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 State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	TORRENTE, DOMINGO	
STREET ADDRESS	11510 SW 92 ST.	
CITY-STATE-ZIP	MIAMI FL 33176	
TITLE	VP	☐ Delete
NAME	SOLANO, DANIEL F.	
STREET ADDRESS	11510 SW 92 ST.	
CITY-STATE-ZIP	MIAMI FL 33176	
TITLE	S	☐ Delete
NAME	TORRENTE, MARGARITA	
STREET ADDRESS	11510 SW 92 ST	
CITY-STATE-ZIP	MIAMI FL 33176	
TITLE	T	☒ Delete
NAME	AARON, JAY	
STREET ADDRESS	11510 SW 92 ST	
CITY-STATE-ZIP	MIAMI FL 33176	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	T	☐ Change ☒ Addition
NAME	SOLANO, DANIEL F.	
STREET ADDRESS	9098 NW 40 ST	
CITY-STATE-ZIP	CORAL SPRING FL 33065	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 of this report or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01