## 2001 UNIFORM BUSINESS REPORT. (UBR)

## Jan 24, 2001 8:00 am Secretary of State DOCUMENT # .P00000024542 ORIGINAL FURNITURE, CORP. 01-24-2001 90062 030 \*\*\*150.00 Mailing Address Principal Place of Business 4109 EAST 10TH LANE 4109 EAST 10TH LANE BUKUKI HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address 4105 E 10 Lane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State FL tialea Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, JOSE G Street Address (P.O. Box Number is Not Acceptable) 4109 EAST 10TH LANE HIALEAH FL 33010 Zi<u>p</u> 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete Alvarez, Jose NAME ALVAREZ, JOSE G NAME STREET #3 118 West Le STREET ADDRESS STREET ADDRESS 954 S.E. 2ND PL CITY-ST-ZIP 33010 CITY-ST-ZIP Hialeah, HIALEAH FL 33010 ☐ Delete TITLE TITLE Apjas, Reinaldo J NAME ROJAS, REINALDO J NAME STREET ADDRESS STREET ADDRESS 950 WEST 29TH ST #23 CITY-ST-ZIE CITY-ST-ZIP HIALEAH FL 33012 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DI-15-2001 305(88-5944)
Date Dayline Phone #

FILED