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FILED
Jun 27, 2001 8:00 am
Secretary of State

05-16-2001 90402 022 ***163.65

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026575

1. Entity Name
MEJIA'S RESTORING FURNITURE INC.

Principal Place of Business	Mailing Address
11522 NW 87 PLACE HIALEAH FL 33018	11522 NW 87 PLACE HIALEAH FL 33018

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11522 NW 87 Place	11522 NW 87 Place
Suite, Apt. #, etc. /	Suite, Apt. #, etc.
City & State: Hialeah Florida	City & State: Hialeah Florida
Zip: 33018 Country:	Zip: 33018 Country:

4. FEI Number: 522224386 ☐ Applied For ☐ Not Applicable

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
MEJIA, RAFAEL 11522 NW 87 PLACE HIALEAH FL 33018	Name: Rafael Mejia Street Address (P.O. Box Number is Not Acceptable): 11522 NW 87 PL. City: Hialeah. FL Zip Code: 33018

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: Rafael Mejia PD (signature) 04/23/01
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MEJIA, RAFAEL 11522 NW 87 PLACE HIALEAH FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVAS, PETRONA 11522 NW 87 PLACE HIALEAH FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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) Rafael Mejia 06/ 305-814-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #