

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90264 027 \*\*\*158.75

0144267 AV

**DOCUMENT # P00000026575**

1. Entity Name

**MEJIA'S RESTORING FURNITURE INC.**

Principal Place of Business

**11522 NW 87 PLACE  
HIALEAH FL 33018**

Mailing Address

**11522 NW 87 PLACE  
HIALEAH FL 33018**

2. Principal Place of Business

**11522 NW 87 PL**  
Suite, Apt. #, etc.

3. Mailing Address

**11522 NW 87 PL**  
Suite, Apt. #, etc.

City & State

**Hialeah**  
Zip **33018**

Country

City & State

**Hialeah Florida**  
Zip **33018**

Country

4. FEI Number

**52-2224386**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MEJIA, RAFAEL**

**11522 NW 87 PLACE**

**HIALEAH FL 33018**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/24/02**

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, 2002 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 **PD** ☐ Delete  
NAME **MEJIA, RAFAEL**  
STREET ADDRESS **11522 NW 87 PLACE**  
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE **V** ☐ Delete  
NAME **RIVAS, PETRONA**  
STREET ADDRESS **11522 NW 87 PLACE**  
CITY-ST-ZIP **HIALEAH FL 33018**

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  
NAME  
STREET ADDRESS  
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:

**Rafael Mejia** **04/24/02** **305-819-0799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)