

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90146 001 \*\*\*150.00

**DOCUMENT # F00000029529**

1. Entity Name

**REFINISH-FURNITURE, INC.**

Principal Place of Business

Mailing Address

**4332 SW 73 AVENUE  
 MIAMI FL 33155**

**4332 SW 73 AVENUE  
 MIAMI FL 33155**

**47564**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0994412 25170332**

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

**CRUZ, MANUEL ARTURO SR.  
 SR. 4332 SW 73 AVE.  
 MIAMI FL 33155**

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	D	<input type="checkbox"/> Delete
NAME	CRUZ, MANUEL ARTURO SR.	
STREET ADDRESS	13774 SW 144 TERR.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARIAS, EDALIA	
STREET ADDRESS	13774 SW 144 TERR.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARIAS, EDALIA JR.	
STREET ADDRESS	13774 SW 144 TERR.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUZ, BERNARDO M	
STREET ADDRESS	13774 SW 144 TERR.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, MANUEL A. JR.	
STREET ADDRESS	13774 SW 144 TERR.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Edalia Arias*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-1901**

CR2E034 (10/00)