

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055849

1. Entity Name

HOME FASHION FURNITURE & DECORATIVE CENTER, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90280 010 ***158.75

Principal Place of Business

28903 S. DIXIE HIGHWAY
MIAMI FL 33033

Mailing Address

28903 S. DIXIE HIGHWAY
MIAMI FL 33033

CUU10041

2. Principal Place of Business

28903 South Dixie Hwy

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33033

Country

Dade

Zip

Country

4. FEI Number

65-1020100

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANNERIS
27146 S. DIXIE HIGHWAY
MIAMI FL 33032

7. Name and Address of New Registered Agent

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SERRAME, JAVIER J	
STREET ADDRESS	27146 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	V	<input type="checkbox"/> Delete
NAME	CUEVAS, ANNERIS	
STREET ADDRESS	27146 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	S	<input type="checkbox"/> Delete
NAME	CUEVAS, MAGALY	
STREET ADDRESS	27146 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SERRAME, OLIVIA	
STREET ADDRESS	27146 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raquel Delgado	
STREET ADDRESS	28903 So Dixie Hwy	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUEVAS ANNERIS	
STREET ADDRESS	28903 So Dixie Hwy	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUEVAS MAGALY	
STREET ADDRESS	28903 So Dixie Hwy	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNERIS CUEVAS	
STREET ADDRESS	28903 So Dixie Hwy	
CITY-ST-ZIP	MIAMI FL 33033	
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:

ANNERIS CUEVAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 305-242-4042

Date

Daytime Phone #

CR2E034 (10/00)