

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90022 032 ***150.00

DOCUMENT # P00000061908

1. Entity Name
FINE FURNITURE DELIVERY SERVICES CORP.

Principal Place of Business

2128 WEST 62ND STREET
HIALEAH FL 33016

Mailing Address

2128 WEST 62ND STREET
HIALEAH FL 33016

2. Principal Place of Business

10250 NW 89th ave

3. Mailing Address

10250 NW 89th ave

Suite, Apt. #, etc.

Bay #1

Suite, Apt. #, etc.

Bay #1

City & State

Medley Florida

City & State

Medley Florida

Zip

33178

Country

USA

Zip

33178

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1020638

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

BENNETT, LUCIAS A
9870 SW 167TH STREET
MIAMI FL 33157

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BENNETT, LUCIA A**
STREET ADDRESS **9870 SW 167TH STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MACK, NINURIO**
STREET ADDRESS **6990 NW 186TH STREET 309**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE ☒ Change ☐ Addition
NAME **Mack, Mauricio**
STREET ADDRESS **6990 NW 186th 309**
CITY-ST-ZIP **Miami Lakes FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Mauricio Mack
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02 (305) 805-2220
 Date Daytime Phone #

CR2E034 (9/01)