

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-05-2001 90341 003 ***150.00

DOCUMENT # P00000073178

1. Entity Name
DISOMAR CLASSIC WOOD FURNITURE & CONSTRUCTION, I

Principal Place of Business Mailing Address
6362 SW 138TH PATH **6362 SW 138TH PATH**
MIAMI FL 33183 **MIAMI FL 33183**

32426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
13151 NW LeJeune Rd **c/o P.O. Box 65-0618**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Opa Locka, FL **Miami, FL**
 Zip Country Zip Country
33054 **Miami-Dade** **33165**

4. FEI Number Applied For
65-1031949 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	
DIAZ, OCTAVIO 6362 SW 138TH PATH MIAMI FL 33183		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DIAZ, OCTAVIO <input type="checkbox"/> Delete 6362 SW 138TH PATH MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMOS, OTONIEL <input type="checkbox"/> Delete 6362 SW 138TH PATH MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, MIRIAM T <input type="checkbox"/> Delete 6362 SW 138TH PATH MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, LESLIE <input type="checkbox"/> Delete 6362 SW 138TH PATH MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Disomar Classic Wood Furniture & Construction, Inc.* 2/26/01 305 382-6639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)