

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080582

1. Entity Name

Nobsas Furniture Design, Inc

Principal Place of Business

Mailing Address

2000 # 8-9 Harrison Street
Hollywood, FL 33020

2. Principal Place of Business

3. Mailing Address

2000 # 8-9 Harrison

Suite, Apt. #, etc.

Street

City & State

Hollywood & Florida

Zip

33020

Country

U.S.A

Zip

Country

4. FEI Number

65-1035645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 DEC 10 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDEZ, Daniel
2000 # 8-9 Harrison Street
Hollywood, FL 33020

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

11/20/01

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
P U P T S Daniel Mendez
2000 # 8-9 Harrison Street
Hollywood, FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004743208
-12/28/01--01081--010
*****150.00 *****150.00

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/01 (951) 724-4141

www.flsos.org

2012

CBS FINANCIAL, CPA, PA

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

11/21/01

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Nobsa's Furniture Design, Inc.
Form: 2001 Uniform Business Report
Document #: P00000080582

Dear Madam/Sir,

We have been retained by the above referenced taxpayer recently as his CPA Firm.

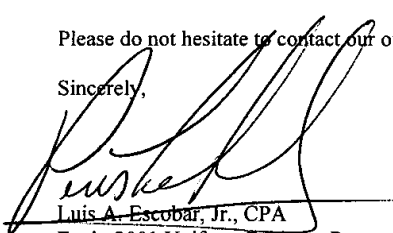
During our initial interview with the taxpayer it was discovered that they never received the Florida's 2001 Uniform Business Report; therefore, they had not filed it. Please note that the taxpayer has moved and has a new mailing address.

Please find enclosed a properly completed 2001 Uniform Business Report and a check payable to the Florida Department of State in the amount of \$150.00.

Please abate any late filing fees or other penalties. Nobsa's Furniture Design, Inc. did not intended to file late.

Please do not hesitate to contact our offices if you have any questions.

Sincerely,



Luis A. Escobar, Jr., CPA

Encl.: 2001 Uniform Business Report
Cc.: Nobsa's Furniture Design, Inc.