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200	2 UNIFOI	RM BUSII	NESS REPO	RT (UB	R)		
DOCUMENT # P0000098966 1. Entity Name						FILED	
DESIGNER FURNITURE LIQUIDATORS, INC.						02 OCT -7 PH 1:18	
Principal Place of Business 1773 OPA LOCKA BLVD OPA LOCKA FL 33054			Mailing Address 1773 OPA LOCKA BLVD OPA LOCKA FL 33054			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & Star	te		City & State		4	4. FEI Number 65-1079455 Applied For	
Zip	Cour	ntry	Zip	Country	5	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Ac	Idress of Current Re	gistered Agent		7. Name and Address of New Registered Agent		
PINA-RODRIGUEZ, ODILE 1773 OPA LOCKA BLVD				Street Address (P.O. Box Number is Not Acceptable)			
	KA FL 33054			City		FL Zip Code	
SIGNATURE . 9. This corporate fling i	Signature, typed or printed or pr	ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept of registered agent. ture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
11.		OFFICERS AND DIF		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P Delete PINA-RODRIGUEZ, ODILE STREET ADDRESS 1773 OPA LOCKA BLVD OPA LOCKA FL 33054		TITLE NAME STREET ADDRESS CITY-ST-ZIP		GOOCO8304186——7 -10/10/0201035007 ****150.00 ****150.00			
TTLE NAME Street address Sity-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME ITREET AODRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	`		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition	
ITLE AME TREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS		☐ 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

10/2/02



Direct Importer Of Fine Handcrafted Furniture & Accessories

OCTOBER 2, 2002

FLORIDA DEPT. OF STATE DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE, FL 32302-1500

RE: =DESIGNER FURNITURE LIQUIDATORS, INC DOC # P00000098966

DEAR SIR:

ATTACHED IS THE UNIFORM BUSINESS REPORT FOR 2002. I AM REQUESTING YOUR ACCEPTANCE OF THE FORM AS BEING FILED TIMELY DUE TO THE FOLLOWING CIRCUMSTANCES:

OUR OFFICE/WAREHOUSE IS LOCATED IN A HIGH CRIME AREA. MAIL IS FREQUENTLY STOLEN FROM THE BOX AND THE POST OFFICE HAS STOPPED DELIVERING. GOVERNMENT AND OFFICIAL-LOOKING MAIL IS OFTEN STOLEN; IN FACT, APPLICATIONS FOR CREDIT CARDS THAT BANKS OFTEN SEND HAVE BEEN STOLEN, AND THE THIEVES HAVE APPLIED FOR CREDIT IN MY NAME! I HAVE BEEN PICKING UP THE MAIL AT THE LOCAL POSTAL FACILITY AND THE ATTACHED UNIFORM BUSINESS REPORT WAS THE FIRST ONE THAT I RECEIVED!

WE HAVE FILED TIMELY IN THE PAST, AND SINCE THE MAIL IS BEING HELD AT THE POST-OFFICE, I SHOULD BE RECEIVING ALL OF IT IN THE FUTURE.

THANK YOU IN ADVANCE FOR YOUR HELP WITH THIS MATTER. ANY COURTESY WOULD BE GREATLY APPRECIATED.

SINCERELY.

ODILE RINA RODRIGUEZ