

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90023 034 ***158.75

DOCUMENT # P00000101689

1. Entity Name

SCENIC PROP & STAGE FURNITURE, INC.

Principal Place of Business

**8034 NW 103RD STREET
HIALEAH GARDENS FL 33016-2270**

Mailing Address

**8034 NW 103RD STREET
HIALEAH GARDENS FL 33016-2270**

2. Principal Place of Business

10026 NW 80 AVE
Suite, Apt. #, etc.

3. Mailing Address

10026 N.W. 80 AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hialeah Gardens FL

City & State

Hialeah Gardens FL

4. FEI Number

65-1051776

Applied For

Not Applicable

Zip Country
33016-2304

Country

Zip Country
33016-2304

Country

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

**DOMINQUEZ, ALBERTO
8034 NW 103RD STREET
HIALEAH GARDENS FL 33016-2270**

Name

Dominquez, Alberto

Street Address (P.O. Box Number is Not Acceptable)

10026 NW. 80 AVE

HIALEAH GARDENS FL 33016-2304

City

HIALEAH GARDENS FL

Zip Code

33016-2304

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME **DOMINQUEZ, ALBERTO**
STREET ADDRESS **8034 NW 103RD STREET**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016-2270**

TITLE PD ☒ Change ☐ Addition
NAME **Dominquez, Alberto**
STREET ADDRESS **10026 N.W. 80 AVE**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016-2304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Alberto Dominquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 649-3245

CR2E034 (10/00)