## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## May 22, 2002 8:00 am Secretary of State P00000102784 DOCUMENT # 1. Entity Name 05-22-2002 90229 029 \*\*\*158.75 J & M CUSTOM FURNITURE CORP. Principal Place of Business Mailing Address 1750 WEST 39TH PLACE 1750 WEST 39TH PLACE **UNIT 1005 UNIT 1005** HIALEAH FL 33012 HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1051898 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEYVA, MARIFELIX Street Address (P.O. Box Number is Not Acceptable) 495 WEST 51 PLACE APT. 102 Zip Code HIALEAH FL 33012 City ---FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIRECTOR LEIVA, MARIFELIX ☐ Addition TITLE TITLE ☐ Delete NAME LEYVA, MARIFELIX NAME STREET ADDRESS 1750 WEST 39TH PLACE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME PAZ, JORGE STREET ADDRESS 495 WEST 51 PL 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**