

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90229 029 ***158.75

DOCUMENT # P00000102784

1. Entity Name
J & M CUSTOM FURNITURE CORP.

Principal Place of Business
1750 WEST 39TH PLACE
UNIT 1005
HIALEAH FL 33012

Mailing Address
1750 WEST 39TH PLACE
UNIT 1005
HIALEAH FL 33012



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1051898

Applied For
 Not Applicable

Zip

Country

Zip

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

LEYVA, MARIFELIX
495 WEST 51 PLACE
APT. 102
HIALEAH FL 33012

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **RD**
STREET ADDRESS **LEYVA, MARIFELIX**
CITY-ST-ZIP **1750 WEST 39TH PLACE**
HIALEAH FL 33012

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **LEYVA, MARIFELIX**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PAZ, JORGE**
STREET ADDRESS **495 WEST 51 PL 102**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **PAZ JORGE.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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: ☒ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/02 (305) 362-2670
 Day Daytime Phone #

CR2E034 (9/01)