

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90237 013 ***150.00

0168655

DOCUMENT # P00000103528

1. Entity Name

GEDEON UPHOLSTERY, INC.

Principal Place of Business

**367 NE 79TH ST.
 MIAMI FL 33138**

Mailing Address

**367 NE 79TH ST.
 MIAMI FL 33138**

2. Principal Place of Business

367 NE 79 Street.

Suite, Apt. #, etc.

3. Mailing Address

367 NE 79 street.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL 33138

Zip

33138

Country

USA

Zip

33138

Country

USA

4. FEI Number

65-1055831

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GEDEON, JEAN MARC H;
 367 NE 79TH ST.
 MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name

367 NE 79 Street

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

JEAN MARC H GEDEON

City

MIAMI

FL

Zip Code

33138

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)
 Signature typed or printed name of registered agent and title if applicable.

JEAN MARC H. GEDEON

01-13-01

(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

TITLE **P** ☐ Delete
 NAME **GEDEON, JEAN MARC H**
 STREET ADDRESS **367 NE 79TH ST.**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **V** ☐ Delete
 NAME **HERNANDEZ, GUADALUPE L**
 STREET ADDRESS **367 NE 79TH ST.**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)