

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113701

1. Entity Name

FLORIDA HOME APPLIANCE, INC

Principal Place of Business

608 NW 57TH AVENUE  
MIAMI FL 33126

Mailing Address

608 NW 57TH AVENUE  
MIAMI FL 33126

2. Principal Place of Business

8355 NW 36 ST

3. Mailing Address

8355 NW 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

TURBAY, AILIN  
608 NW 57TH AVENUE  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name ALBERTO SALAS  
Street Address (P.O. Box Number is Not Acceptable)  
13954 SW 90TH TERR  
City MIAMI FL Zip Code 33186

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 Albert Salas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-01

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 NAME STREET ADDRESS CITY-ST-ZIP	D TURBAY, MIGUEL E 608 NW 57TH AVENUE MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SALAS, ALBERTO 13954 SW 90TH TER MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Albert Salas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

(305) 597-9171

Daytime Phone #

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90154 050 \*\*\*150.00

D0038101



DO NOT WRITE IN THIS SPACE

0003441

CR2E034 (10/00)