

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90014 038 \*\*\*150.00  
04-02-2002 90870 009 \*\*\*150.00

DOCUMENT # **001000013729**

1. Entity Name

*Elio Rosa Furniture, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

*9809 NW 80th Ave.*

Suite, Apt. #, etc.

*Bay 9J*

Suite, Apt. #, etc.

City & State

City & State

*Hialeah Gardens*

Zip

Country

Zip

Country

*FL 33016*

*USA*

4. FEI Number

*65-1086661*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<i>Eduardo Vega</i> <i>President - Secretary</i> <i>246 NW 30, Ct Miami FL 33125</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President - Secretary</i> <i>Eduardo Vega</i> <i>246 N.W. 32 Ct. Miami FL 33129</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*May 9, 2002* (305) 642-5202

CR2E034B (12/01)