

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

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-14-2002 90361 014 ***150.00

DOCUMENT # P01000014833

1. Entity Name

FURNITURE RESTORATION & CLEANING, CORP

DO NOT WRITE IN THIS SPACE

38203

2. Principal Place of Business

3700 SW 129 AVE

3. Mailing Address

3700 SW 129 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1073854

Applied For

Not Applicable

Zip

33175

Country

Zip

33175

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANTOLINO BARROSO

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

3700 SW 129 AVE

City

MIAMI

FL

Zip Code

33175

**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

Antolino Barroso
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
*PRESIDENT
ANTOLINO BARROSO
3700 SW 129 AVE
MIAMI, FL 33175*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VICE PRESIDENT
ADGLAIDA BARROSO
3700 SW 129 AVE
MIAMI, FL 33175*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**DO NOT WRITE
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:

Antolino Barroso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-02-02 - 305 975 2465

305 221 0107

CR2E034B (12/01)

