

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90150 018 ***150.00

DOCUMENT # **P01000014833**

1. Entity Name

Furniture Restoration & Cleaning, Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3700 SW 129 Ave
Suite, Apt. #, etc.

3. Mailing Address

3700 SW 129 Ave
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 Country

33175

Zip Country

33175

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Adelaida 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

[Signature]

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

(NOTE: Registered Agent signature required when reconstituting)

3/31/03

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	President
NAME	Barroso Antolino
STREET ADDRESS	3700 SW 129 Ave
CITY - ST - ZIP	Miami, FL 33175
TITLE	Vicepresident
NAME	Barroso Adelaida
STREET ADDRESS	3700 SW 129 Ave
CITY - ST - ZIP	Miami, FL 33175
TITLE	Delete:
NAME	President
STREET ADDRESS	Barroso Antolino
CITY - ST - ZIP	3700 SW 129 Ave
TITLE	Change: President
NAME	Barroso Adelaida
STREET ADDRESS	3700 SW 129 Ave
CITY - ST - ZIP	Miami, FL 33175

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

Daytime Phone #

CR2E034B (12/01)