

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90541 020 ***158.75

DOCUMENT # P01000018777

1. Entity Name
AGAPE FURNITURE CORP.

Principal Place of Business

**905 80TH STREET
 MIAMI FL 33141**

Mailing Address

**905 80TH STREET
 MIAMI FL 33141**

2. Principal Place of Business

1465 ne 121st

Suite, Apt. #, etc.

Suite # 406 B

City & State

north miami-florida

3. Mailing Address

1465 ne 121st

Suite, Apt. #, etc.

Suite # 406 B

City & State

north miami-florida

Zip

33161

Country

USA

Zip

33161

Country

USA

6. Name and Address of Current Registered Agent

FERREIRA, CARLOS ROBERTO

**905 80TH STREET
 MIAMI FL 33141**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **D** ☒ Delete
 NAME **FERREIRA, CARLOS ROBERTO**
 STREET ADDRESS **905 80TH STREET**
 CITY-ST-ZIP **MIAMI FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **CARLOS ROBERTO FERREIRA**
 STREET ADDRESS **1465 ne 121st + # 406 B**
 CITY-ST-ZIP **north miami-florida 33161**

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

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

TITLE ☐ Change ☐ Addition
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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

04/22/02 (305) 8933933
 Date Daytime Phone #

CR2E034 (9/01)