

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90970 009 ***150.00

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1. Entity Name
SOUTHEAST UPHOLSTERY SUPPLIES, INC.



Principal Place of Business
**7343 NW 79 TERR
MIAMI FL 33166**

Mailing Address
**PO BOX 56-6719
MIAMI FL 33256-6719**

2. Principal Place of Business
7272 NW 78 TERR
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 56-6719
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1093784

Applied For
Not Applicable

Zip
33166 Country
MIAMI Dade

Zip
33256-6719 Country
MIAMI-Dade

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOLINS, WANDA
9315 SW 125 TERR
MIAMI FL 33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	VAZQUEZ, MANUEL			<input type="checkbox"/>
	9315 SW 125 TERR			<input type="checkbox"/>
	MIAMI FL 33176			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MOLINS, WANDA			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	9315 SW 125 TERR			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MIAMI, FL 33176			<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MANUEL VAZQUEZ			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	9315 SW 125 TERR			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MIAMI, FL 33176			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)