

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90064 025 \*\*\*150.00

**DOCUMENT # P01000036228**

1. Entity Name  
**VICTORIA'S FURNITURE INC.**

Principal Place of Business  
**7439 W. SAMPLE RD.**  
**CORAL SPRINGS FL 33065**

Mailing Address  
**7439 W. SAMPLE RD.**  
**CORAL SPRINGS FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1098757**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**WIG, WALDINA H**  
**940 HARBOR INN DRIVE**  
**CORAL SPRINGS FL 33071**

## 7. Name and Address of New Registered Agent

Name **ELISA PINEDA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8590 JADE DRIVE**  
 City **TAMARAC** FL Zip Code **33321**

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 the registered agent.

SIGNATURE

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

**(SEE ATTACHED)**

**07/12/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD PINEDA, JOSE I 940 HARBOR INN DRIVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINEDA, IVAN A 940 HARBOR INN DRIVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12727 NW 18th PLACE</b> <b>CORAL SPRINGS, FL 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8590 JADE DRIVE</b> <b>TAMARAC FL 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/12/02**

Date Daytime Phone #

CR2E034 (4/02)

Attachment



39083

**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

June 27, 2002

**VICTORIA'S FURNITURE INC.**  
940 HARBOR INN DRIVE  
CORAL SPRINGS, FL 33071

**SUBJECT: VICTORIA'S FURNITURE INC.**  
Ref. Number: P01000036228

We have received your document for VICTORIA'S FURNITURE INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please list the title(s) of each officer in your document.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 202A00041132

*Attachment*

5/16/2002 90064-025-\$150.00-\$150.00

*39083*

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

DOCUMENT # *P01000036228*

1. Entity Name *VICTORIAS Furniture Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*940 Harbor Inn Dr*  
Suite, Apt. #, etc.

3. Mailing Address  
*Same*  
Suite, Apt. #, etc.

City & State  
*Coral Springs FL*  
Zip *33071* Country *US*

City & State  
Zip Country

4. FEI Number  
*65-1098757* Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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 date of signature.

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>Pres Jose Pineda</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>Sec/Treas Ivan Pineda 8590 Jade Dr Tamarac FL 33321</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-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)(f), 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all signs and fingerprints.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/02*

Date

Signature Print

*Attachment*

39083

VICTORIAS FURNITURE INC  
7439 W SAMPLE ROAD  
CIRAK SORUBGS, FL 33065

July 12, 2002

Florida division of Corporations  
P.O. box 1500  
Tallahassee, FL 32302-1500

Reference No. P01000036228

Dear Sir or Madam:

In regards to your correspondence of June 27 attached you will find the new registered agent as well as some address changes for the officers. I decided to use the preprinted form to make the corrections but attached is also the one that I previously sent to you.

I trust that any late fee is now avoided since a response was given within the 30 day period.

Sincerely yours,  
Victoria's Furniture, Inc.

  
IVAN A. PINEDA