

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90021 011 ***150.00

DOCUMENT # P01000042086

1. Entity Name
PINEDA INTERIORS, INC.

Principal Place of Business

2391 NW 33RD ST.
MIAMI FL 33142

Mailing Address

2391 NW 33RD ST.
MIAMI FL 33142

2. Principal Place of Business

2395 NW 33RD STREET

Suite, Apt. #, etc.

3. Mailing Address

2395 NW 33RD STREET

Suite, Apt. #, etc.

City & State

MIAMI FL 33142

Zip

33142

Country

USA

City & State

MIAMI FL

Zip

33142

Country

USA

4. FEI Number

65-1102531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PINEDA, CIPRIANO A
2391 NW 33RD ST.
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

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

NEW ADDRESS

2395 NW 33RD STREET

City

MIAMI FLORIDA

FL

Zip Code

33142

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.

CIPRIANO A. PINEDA PRESIDENT 3-19-02

(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 **PINEDA, CIPRIANO A**
STREET ADDRESS **2395 NW 33RD ST.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete
NAME **PINEDA, LUIS E**
STREET ADDRESS **2391 NW 33RD ST.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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

Date

Daytime Phone #

2395 NW 33RD STREET
MIAMI FL 33142
PRESIDENT

3-19-02

305-638-9710

CR2E034 (9/01)