

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91000 029 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000046955

1. Entity Name
H & R SOLID WOOD CUSTOM FURNITURE, INC.



Principal Place of Business
13700 NW 19TH AVENUE
MIAMI, FL 33162

Mailing Address
13700 NW 19TH AVENUE
MIAMI, FL 33162

90119172



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1102489

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAROOP, HARRIPERSAD
13700 NW 19TH AVENUE
MIAMI, FL 33162

7. Name and Address of New Registered Agent

Name **Ricky SAROOP**
Street Address (P.O. Box Number is Not Acceptable)

17251 NW 6th AVE

City **MIAMI**

FL

Zip Code
33162

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]

(NOTE: Registered Agent's signature required when reinstating)

DATE
4-29-03

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 **PD** ☒ Delete
NAME **SAROOP, HARRIPERSAD**
STREET ADDRESS **120 NW 19TH STREET**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **STD** ☐ Delete
NAME **SAROOP, RICKY**
STREET ADDRESS **17251 NE 6TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33162**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☒ Addition
NAME **P SAROOP, Ricky**
STREET ADDRESS **17251 NW 6th AVE**
CITY-ST-ZIP **MIAMI, FL 33162**

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

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

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 like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4-29-03

Case

Daytime Phone #
305-756-1443

CR2E034 (10/02)