FILED
Jun 30, 2002 8:00 am
Secretary of State

05-24-2002 91342 046 ***158.75

95526

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064291

1. Entity Name

BENNY'S U.S. FURNITURE DESIGNS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 323 SW 23 AVE.
Suite, Apt. #, etc.
City & State: MIAMI Fl.
Zip: 33135 Country: U.S.A.

3. Mailing Address: 323 SW 23RD AVE.
Suite, Apt. #, etc.
City & State: MIAMI FLORIDA
Zip: 33135 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1119891 — 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: Elio VASQUEZ
Street Address (P.O. Box Number is Not Acceptable): 6780 CORAL WAY,
City: MIAMI FL Zip Code: 33135

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P.S.T.D.
NAME	BENIGNO RAFAEL VEREDA JR.
STREET ADDRESS	323 SW 23 AVE MIAMI FL. 3313
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CR2E034 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 5/9/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #