2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-13-2002 90113 027 ***150.00

DOCUMENT #   P01000065650

1. Entity Name
MAYZEY UPHOLSTERY, INC.

Principal Place of Business	Mailing Address
1857 NW 22ND STREET MIAMI FL 33142	1857 NW 22ND STREET MIAMI FL 33142

34157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
1857 NW 22 ST MIAMI Fl			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: MIAMI FL.	City & State		
Zip 33142	Country	Zip	Country

4. FEI Number 65-1119906   Applied For ☐   Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HURTADO, MAYRA 1857 NW 22ND STREET MIAMI FL 33142 (WORK)	Name: MAYRA M. HURTADO Street Address (P.O. Box Number is Not Acceptable): 2420 SW 102 PL (HOME) City: MIAMI FL FL Zip Code 33165

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: MAYRA M. HURTADO
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE 04/21/02

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

	11.		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HURTADO, ZEYDEL		NAME		
STREET ADDRESS	1857 NW 22ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HURTADO, MAYRA		NAME		
STREET ADDRESS	1857 NW 22ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZEYDEL A. HURTADO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 04/21/02   Daytime Phone # 3053243321