

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90156 025 \*\*\*150.00

**DOCUMENT # P01000068138**

1. Entity Name  
**A.V.M. FURNITURE MFG, INC.**



Principal Place of Business  
**20641 SW 130 CT  
MIAMI FL 33177**

Mailing Address  
**20641 SW 130 CT  
MIAMI FL 33177**



2. Principal Place of Business

**4333 ST AUGUSTINE DR**

3. Mailing Address

**4333 ST AUGUSTINE RD**

Suite, Apt. #, etc.

**#3**

Suite, Apt. #, etc.

**#3**

City & State

**SAX**

City & State

**JACKSONVILLE**

4. FEI Number

**65-1121467**

Applied For

Not Applicable

Zip

**32207**

Country

**DUVAL**

Zip

**32207**

Country

**DUVAL**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOURENCO, FERNANDO  
10910 SW 188 ST  
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name  
**FERNANDO LOURENCO**

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

**20641 SW 130 CT**

**MIAMI FL**

**33177**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LOURENCO, FERNANDO  
20641 SW 130 CT  
MIAMI FL 33177** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LOURENCO FERNANDO  
20641 SW 130 CT MIAMI FL 33177** ☐ Change ☐ Addition

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

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/3**

Date

**904-3967373**

Daytime Phone #

CR2E034 (10/02)