

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075363

1. Entity Name

S & V GENERAL UPHOLSTERY, INC.

**FILED**  
Jul 02, 2002 8:00 am  
Secretary of State

05-15-2002 90156 026 \*\*\*150.00

07/02/02 AV

Principal Place of Business

23722 SW 132 AVE  
HOMESTEAD FL 33032

Mailing Address

23722 SW 132 AVE  
HOMESTEAD FL 33032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

Same ↑

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

City & State

4. FEI Number

65-1132803

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, MANUEL  
963 NE 5 AVE #2  
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

Manuel Sanchez or Obed Vasquez Quiroz 05-30-02

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)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
SANCHEZ, MANUEL  
963 NE 5 AVE #2  
HOMESTEAD FL 33030

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
FUENTES, ROSA M  
963 NE 5 AVE #2  
HOMESTEAD FL 33030

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
VASQUEZ, OBED I  
231 S.E. 6TH AVE, #203  
HOMESTEAD FL 33030

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Delete

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

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: X

OBED VASQUEZ Quiroz 05-30-02 305 2580206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)