

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90030 031 ***150.00

DOCUMENT # P01000099288

1. Entity Name
SHEARD FURNITURE SALES, INC.

Principal Place of Business

3810 WOOD AVE.
MIAMI FL 33133

Mailing Address

3810 WOOD AVE.
MIAMI FL 33133

2. Principal Place of Business

520 NE 12 Ave
 Suite, Apt. #, etc.
FT Lauderdale

3. Mailing Address

520 NE 12 Ave
 Suite, Apt. #, etc.

City & State

Florida

City & State

FT Lauderdale FL

Zip

33301

Country

Zip

33301

Country

4. FEI Number

65-1141837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEARD, LAURA
3810 WOOD AVE.
MIAMI FL 33133

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

(Kenneth H Sheard DS)

4/25/02

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 **DP** ☐ Delete
NAME **SHEARD, LAURA**
STREET ADDRESS **3810 WOOD AVE.**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **V** ☒ Delete
NAME **TORO, GWEN**
STREET ADDRESS **3810 WOOD AVE.**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **DS** ☐ Delete
NAME **SHEARD, KENNETH H**
STREET ADDRESS **3810 WOOD AVE.**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

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

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:

(Kenneth H Sheard DS)

4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)