

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90061 009 ***150.00

DOCUMENT # **P01000103864**



1. Entity Name
KORNER FURNITURE, INC.

Principal Place of Business
~~10820 S.W. 143RD CT.
MIAMI FL 33186~~

Mailing Address
~~10820 S.W. 143RD CT.
MIAMI FL 33186~~

90015792



2. Principal Place of Business

3. Mailing Address

10603-05 N.W. 7 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State

4. FEI Number
65-1148500

Applied For
 Not Applicable

Zip
33150

Country
DADE

Zip

Country

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

~~CRUZ PEDRO A
10820 S.W. 143RD CT.
MIAMI FL 33186~~

Name **JOHN CRUZ**
Street Address (P.O. Box Number, Not Applicable)
10603-05 N.W. 7 AVE
City **MIAMI** FL Zip Code **33150**

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 *John Cruz*
Signature, typed or printed name of registered agent (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CRUZ PEDRO A 10820 S.W. 143RD CT. MIAMI FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JOHN CRUZ 10603-05 N.W. 7 AVE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *John Cruz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-03

Date Daytime Phone #

CR2E034 (10/02)