

FOR PROFIT CORPORATION

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2002 8:00 am
Secretary of State

05-02-2002 90116 037 ***150.00

DOCUMENT # P01000104023

1. Entity Name

DESIGNER WOODWORK & FURNITURE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

525 W. 28th Street

Suite, Apt. #, etc.

3. Mailing Address

525 W. 28th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33010

Country

USA

Zip

33010

Country

USA

4. FEI Number

65-1150898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Valero, Pedro M.

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

525 W. 28th Street

City Hialeah

FL

Zip Code 33010

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PSTD
NAME Valero, Pedro M
STREET ADDRESS 3227 NW 101 Street
CITY- ST- ZIP Miami, FL 33147

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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

President

04/22/02

(305)885-4146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #