FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 PM 1:41

DOCUMENT # P02000060499

1. Entity Name

ULYSSES FURNITURE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5811 N.W. 198th Terrace	5811 N.W. 198th Terrace
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami Florida	City & State: Miami Florida
Zip: 33015 Country: USA	Zip: 33015 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 75-3062378 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: YANIZ, ULISES

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

5811 N.W. 198th Terrace

City: MIAMI FL Zip Code: 33015

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

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	DP
NAME	YANIZ, ULISES
STREET ADDRESS	5811 NW 198 Terrace
CITY-ST-ZIP	Miami Fl 33015
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ulises Yaniz 5/5/2004 (305) 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number