FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90742 006 ***150.00

DOCUMENT # P02000067783

1. Entity Name
Gonzalez - Gonzalez Upholstery INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9910 NW 80 Ave	9910 NW 80 Ave
Suite, Apt. #, etc. Bay 2-D	Suite, Apt. #, etc. Bay 2-D
City & State Hialeah Gardens	City & State Hialeah Gardens
Zip 33016 Country USA	Zip 33016 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0624466 ☐ 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 Raidel Gonzalez

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

585 W 51 PL Apto B-1

City Hialeah FL Zip Code 33012

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 X [signature] President 04/30/04

Signature, typed or printed name of registered agent and title if applicable (Title: Registered Agent signature required when transacting) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amendment UBR is $25.00
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Raidel Gonzalez 585 W 51 PL Apto B-1 Hialeah, FL 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Maritza de la Caridad Gonzalez 585 W 51 PL Apto B-1 Hialeah, FL 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Administrator Jose G Gonzalez 585 W 51 PL Apto B-1 Hialeah, FL 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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

SIGNATURE: X [signature] President 04/30/04 786 344 4058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #