

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90113 033 ***150.00

DOCUMENT # P02000088724

1. Entity Name
BUENO, BONITO Y BARATO FURNITURE INC.



Principal Place of Business
**16355 NW 27 AVE
OPALOCKA FL 33055**

Mailing Address
**16355 NW 27 AVE
OPALOCKA FL 33055**



2. Principal Place of Business
16355 NW 27 Ave
Suite, Apt. #, etc.

3. Mailing Address
16355 NW 27 Ave
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Opalocka, FL 33054

City & State
Opalocka, FL 33054

Zip
33054

Country
Udca

4. FEI Number
05-0528110

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AVENDANO, CANDIDA R **8102 NW 74 Ave.**
8105 NW 74 AVE **Tamarae, FL.**
TAMARAC FL 33070 **33321**

7. Name and Address of New Registered Agent

Name **Avendano, Candida R.**
Street Address (P.O. Box Number is Not Acceptable)
8102 NW 74 Ave
Tamrac **FL. 33321**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Candida Avendano** DATE **3/31/03**

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

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 **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete AVENDANO, CANDIDA R 8102 NW 74 AVE TAMARAC FL 33070 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete AMADOR, MARIA 16355 NW 27 AVE OPALOCKA FL 33055
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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ~~SIGNATURE REQUIRED~~ **103/31/03 (305) 628-3345**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)