## **2003 FOR PROFIT CORPORATION**

## FILED Feb 14, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State P02000096451 DOCUMENT # 02-14-2003 90246 023 \*\*\*150.00 1. Entity Name VILLA CLARA MUEBLES, CORP. Mailing Address Principal Place of Business 8590 BIRD ROAD 8590 BIRD ROAD MIAMI FL 33155 MIAMI FL 33155 Mailing Address 2. Principal Place of Business 590 8590 Birc Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 33-City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 331*5\$* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Nero CORDERO, ARLETE Street Address (P.O. Box Number is Not Acceptable) 8546 BIRD ROAD MIAMI FL 33126 am 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change TITLE ☐ Delete TITLE NAME CORDERO, ARLETE M NAME STREET ADDRESS 9470 SW 10 STREET STREET ADDRESS Miami CITY-ST-ZIP **MIAMI FL 33174** CITY-ST-ZIP Delete TITLE TITLE NAME GONZALEZ, PAMELA V NAME STREET ADDRESS **8336 NW 7 STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Change Addition ☐ Delete TITLE \ ... TITLE NAME - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP. CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE

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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

Addition

☐ Change