Apr 30 03 10:53a Alfredo Leon 5/5/2

FILED
May 30, 2003 8:00 am
Secretary of State

05-05-2003 91146 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000115407

1. Entity Name
PREMIER FURNITURE DELIVERY SERVICE INC.

[redacted]

55044918

Principal Place of Business	Mailing Address
9033 NW 114TH TERRACE HIALEAH GARDENS, FL 33018	9033 NW 114TH TERRACE HIALEAH GARDENS, FL 33018

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-3660392 ☐ Applied For ☐ Not Applic

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

6. Name and Address of Current Registered Agent

POLANCO, LISET
9033 NW 114TH TERRACE
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name

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

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 acc the obligations of registered agent.

SIGNATURE ______ DATE

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	POLANCO, LISET	
STREET ADDRESS	9033 NW 114TH TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE	VP	☐ Delete
NAME	VELASQUEZ, MARCO	
STREET ADDRESS	9033 NW 114TH TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Add
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 informatio 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 direc 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] X 4/30/03 X (786) 255-26

Date Daytime Phone #