

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90560 016 ***150.00

DOCUMENT # P94000002935

1. Entity Name
WESTSIDE FURNITURE INC.

Principal Place of Business

**1570 W 35TH PLACE
HIALEAH FL 33012
US**

Mailing Address

**1570 W 35TH PLACE
HIALEAH FL 33012
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0458032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, FRANCISCO
1710 W 40TH ST
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **Francisco Rodriguez**

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

1315 W 42 Place

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **RODRIGUEZ, FRANCISCO**
CITY-ST-ZIP **1710 W 40TH ST
HIALEAH FL**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **RODRIGUEZ, IRENE**
CITY-ST-ZIP **1364 W 42ND ST
HIALEAH FL 33012**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **RODRIGUEZ, ISRAEL**
CITY-ST-ZIP **1364 W 42ND ST
HIALEAH FL 33012**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **RODRIGUEZ, RUBEN**
CITY-ST-ZIP **1364 W 42ND STREET
HIALEA FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Rodriguez, Francisco**
STREET ADDRESS **1315 W 42 place**
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE ☒ Change ☐ Addition
NAME **Irene Rodriguez**
STREET ADDRESS **1315 W 42 place**
CITY-ST-ZIP **Hialeah FL 33012**

TITLE ☒ Change ☐ Addition
NAME **Israel Rodriguez**
STREET ADDRESS **1315 W 42 place**
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE ☒ Change ☐ Addition
NAME **Ruben Rodriguez**
STREET ADDRESS **1315 W 42 place**
CITY-ST-ZIP **Hialeah, FL 33012**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

Daytime Phone #

CR2E034 (9/01)