**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2002 8:00 am § Secretary of State DOCUMENT # P94000058721 1. Entity Name 04-30-2002 90052 036 \*\*\*150.00 PEREZ FURNITURE & CABINETS INC. Principal Place of Business Mailing Address 4090 ANTHONY LANE 4090 ANTHONY LANE ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3263561 Not Applicable \_\_Zip\_ Country\_ \_Country\_ \$8.75 Additional= 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, OSVILDO A Street Address (P.O. Box Number is Not Acceptable) **4090 ANTHONY LANE** ORLANDO FL 32822 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PTD TITLE ☐ Delete Change ☐ Addition PEREZ. OSVILDO A NAME NAME STREET ADDRESS 4090 ANTHONY LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP TITLE Delete ☐ Change TITLE VSD ☐ Addition NAME NAME . PEREZ, ZENOBIA STREET ADDRESS STREET ADDRESS 4090 ANTHONY LANE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tall 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 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 13. I hereby certify that the information indicated on this report or supplement of the corporation or the receiver of

SIGNATURE:

changed, or on an attachp

ATTERN REQUIRED TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

address, with all other like empower

4-15-02 407/273-5692