

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058997

1. Entity Name

WALDO'S DESIGNERS AND UPHOLSTERY, INC

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90071 018 ***150.00

Principal Place of Business

18482 W DIXIE HWY
N MIAMI BEACH FL 33160

Mailing Address

18482 W DIXIE HWY
N MIAMI BEACH FL 33160-2060

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

65-0450426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NEIL, JESUS F
18005 NE 19TH AVE
N MIAMI BEACH FL 33162~~

WALDO RAMOS
18558 NE 18TH AVE
N MIAMI BEACH
APT 203 FL 33179

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

18482 WEST DIXIE HWY
City NORTH MIAMI BEACH FL Zip Code 33160

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	RAMOS, WALDO	
STREET ADDRESS	18558 NE 18TH AVE, 203	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	ONEILL, JESUS F	
STREET ADDRESS	18005 NE 19TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAMOS, MODESTO B	
STREET ADDRESS	18005 NE 19TH AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ALICIA RAMOS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18558 NE 18TH AVE 203	
STREET ADDRESS	W. MIAMI BEACH FL 33179	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00

CR2E034 (9/99)