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

## Mar 11, 2002 8:00 am Secretary of State P95000033768 DOCUMENT # 1. Entity Name ROGER'S USED & NEW OFFICE FURNITURE, INC. 03-11-2002 90052 040 \*\*\*150.00 Principal Place of Business Mailing Address 1531 SW 75 AVE 1531 SW 75 AVE MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0575101 Not Applicable Country Zip Country Žio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEORGE ARES MARTINEZ, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 1531 SW 75-AVE MIAMI FL 33444 1531 SW 75 AVE 33°44 MIAMI, 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE rstd TITLE ☐ Addition ☐ Delete GEORGE ARES MARTINEZ, YOŁANDA NAME NAME 1531 SW 75TH AVE 1531, SW 75 AVE STREET ADDRESS STREET ADDRESS MKMI FL 33144-MIAMI, FL 33144 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ..[.] Change ■ Addition TITLE Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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.

**FILED**