

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084806

1. Entity Name

S.P. FURNITURE FINISHER, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90085 049 ***158.75

Principal Place of Business

Mailing Address

1139 53RD COURT N BAY 1
 MANGONIA PARK FL 33407

1139 53RD COURT N BAY 1
 MANGONIA PARK FL 33407-2360

2. Principal Place of Business

5307 EAST AVE BOY #13

3. Mailing Address

5307 EAST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOY #13

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

65-0620383

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

PASTOR, SIGIFREDO
 1139 53RD COURT N BAY 1
 MANGONIA PARK FL 33407

7. Name and Address of New Registered Agent

Name SIGIFREDO PASTOR

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

5307 EAST AVE BOY #13

City

WEST PALM BEACH

FL

Zip Code

33407

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

S. Pastor

4/25/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PASTOR, SIGIFREDO	1139 53RD COURT N BAY 1	MANGONIA PARK FL 33407	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

S. Pastor

4/25/00 (561) 848-0455

CR2E034 (9/99)