

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90302 012 ***150.00

DOCUMENT # P96000082797

1. Entity Name
INNOVATIVE CONTRACT FURNISHINGS, CORP.



Principal Place of Business
**12010 PINE NEEDLE LN.
MIAMI FL 33156**

Mailing Address
**12010 PINE NEEDLE LN.
MIAMI FL 33156**



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 **65-0707992**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ - **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARDONA, MARIBEL
12010 PINE NEEDLE LN.
MIAMI FL 33156**

Name

CARDONA, Maribel

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

3347 NW 74 AVE

City

MIAMI

FL

Zip Code

33122

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Mary Cardona*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CARDONA, MARIBEL**
STREET ADDRESS **12010 PINE NEEDLE LN.**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☒ Change ☐ Addition
NAME **CARDONA MARIBEL**
STREET ADDRESS **3347 NW 74 AVE**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Cardona* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

305500-9902
Daytime Phone #

CR2E034 (10/02)