

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086569

1. Entity Name

ELITE ORIGINALS FURNITURE CORP.

Principal Place of Business

206 NW 3RD AVE.  
HALLANDALE FL 33009

Mailing Address

206 NW 3RD AVE.  
HALLANDALE FL 33009-4028

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

65-0700779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENZUELA, JOSE M  
1505 NW 12 CT  
PEMBROKE PINES FL 33028

Name

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

City

FL

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  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP	VALENZUELA, JOSE M	1505 NW 12 CT PEMBROKE PINES FL 33028	<input type="checkbox"/>
	DS	VALENZUELA, JENNY	1505 NW 12 CT PEMBROKE PINES FL 33028	<input type="checkbox"/>
	DVP	SUMMERALL, VALENZUELO J. G.	1505 NW 12 CT PEMBROKE PINES FL 33028	<input type="checkbox"/>
	DT	VALENZUELA, KRISTEL	1505 NW 12 CT PEMBROKE PINES FL 33028	<input type="checkbox"/>
	DVS	VALENZUELA, CYNTHIA	1505 NW 12 CT PEMBROKE PINES FL 33028	<input type="checkbox"/>
				<input type="checkbox"/>

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 #

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

04-24-2000 90044 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)