

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-31-2003 90386 021 ***150.00

**2003 FOR PROFIT CORPORATION
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**

2. Principal Place of Business

217 NW 5 Ave

Suite, Apt. #, etc.

3. Mailing Address

217 NW 5 Ave

Suite, Apt. #, etc.

City & State

Hallandale Florida

City & State

Hallandale Florida

Zip
33009

Country
USA

Zip
33009

Country
USA

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

**VALENZUELA, JOSE M
15505 NW 12 CT
PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

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

SIGNATURE

Jenny Valenzuela

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
VALENZUELA, JOSE M
15505 NW 12TH CT.
PEMBROKE PINES FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
VALENZUELA, JENNY
15505 NW 12TH CT.
PEMBROKE PINES FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SUMMERALL, JENNY G
15505 NW 12TH CT.
PEMBROKE PINES FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
VALENZUELA, KRISTEL
15505 NW 12TH CT.
PEMBROKE PINES FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
VALENZUELA, CYNTHIA
15505 NW 12TH CT.
PEMBROKE PINES FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jenny Valenzuela 2/13/03 (954) 455-3313
Date Daytime Phone #

CR2E034 (10/02)