

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029662

1. Entity Name

KEVIN'S FURNITURE INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90008 041 \*\*\*150.00

Principal Place of Business

Mailing Address

2775 W 79TH STREET  
BAY 5  
HIALEAH FL 33012

2775 W 79TH STREET  
BAY 5  
HIALEAH FL 33016-2761

2. Principal Place of Business

Same  
Suite, Apt. #, etc.

3. Mailing Address

6640 SW. 20st.  
Suite, Apt. #, etc.

City & State

MIRAMAR

4. FEI Number

65-0739605

Applied For

Not Applicable

Zip

Country

Zip

Country

33023

USA

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

MONSALVO, ROBERTO L  
6625 ARBOR DRIVE  
MIRAMAR FL 33023

Name

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

6640 SW 20st

City

MIRAMAR

FL

Zip Code

33023

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

Robert L. Monsalvo

4/28/00

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 PD  
NAME MONSALVO, ROBERTO L  
STREET ADDRESS 6625 ARBOR STREET  
CITY-ST-ZIP MIRAMAR FL 33023

☐ Delete

TITLE STD  
NAME MONSALVO, MARIA  
STREET ADDRESS 6625 ARBOR STREET  
CITY-ST-ZIP MIRAMAR FL 33023

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS 6640 SW. 20st.  
CITY-ST-ZIP MIRAMAR, FL 33023

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 6640 SW. 20st.  
CITY-ST-ZIP Miramar FL 33023

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Robert L. Monsalvo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 305 8279826

CR2E034 (9/99)