

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036879

1. Entity Name

ARCHITECTURAL FURNITURE DESIGN, INC.

Principal Place of Business

13311 SW 59 TERRACE

MIAMI-FL 33183

Mailing Address

13311 SW 59 TERRACE

MIAMI-FL 33183

2. Principal Place of Business

13869 S.W. 38 LANE

3. Mailing Address

13869 S.W. 38 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI-FL

City & State

MIAMI-FL

Zip

33175

Country

U.S.A.

Zip

33175

Country

U.S.

4. FEI Number

65-0747584

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

DIAZ, JOSE

13311 SW 59 TERRACE

MIAMI-FL 33183

7. Name and Address of New Registered Agent

Name

DIAZ, JOSE

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

13869 S.W. 38 LANE

City

MIAMI

FL

Zip Code  
33175

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

\$5.00 May Be

Trust Fund Contribution

☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD  
NAME DIAZ, JOSE  
STREET ADDRESS 13311 SW 59 TERRACE  
CITY-ST-ZIP MIAMI-FL 33175

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME JOSE, DIAZ  
STREET ADDRESS 13869 S.W. 38 LANE  
CITY-ST-ZIP MIAMI-FL 33175

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE DIAZ

4-11-00

Date

Daytime Phone #

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90188 009 \*\*\*150.00

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