

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90117 017 ***150.00

DOCUMENT # **P97000036879**

1. Entity Name

ARCHITECTURAL FURNITURE DESIGN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13869 S.W. 38 LANE
Suite, Apt. #, etc.

3. Mailing Address

13869 SW 38 LANE
Suite, Apt. #, etc.

City & State

MIAMI-FL

City & State

MIAMI-FL

4. FEI Number

65-0747584

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE DIAZ

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

13869 SW 38 LANE

City **MIAMI**

FL

Zip Code

33175

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PSD**
NAME **DIAZ, JOSE**
STREET ADDRESS **13869 SW 38 LANE**
CITY- ST- ZIP **MIAMI-FL 33175**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE DIAZ

2-20-02

Date

Daytime Phone #