

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90023 035 ***150.00

DOCUMENT # P97000079834

1. Entity Name

FRANCISCO'S FURNITURE SERVICE, INC.

Principal Place of Business

**7 CANTERBURY LN
TAMARAC FL 33319**

Mailing Address

**7 CANTERBURY LN
TAMARAC FL 33319**

2. Principal Place of Business

15488 Lakes of Delray

3. Mailing Address

15488 Lakes of Delray

Suite, Apt. #, etc.

apt 201

Suite, Apt. #, etc.

apt 201

City & State

Delray Bch FL.

City & State

Delray Bch FL.

Zip

33484

Country

Zip

33484

Country

4. FEI Number

65-0783493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENAO, FRANCISCO

**7 CANTERBURY LN
TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name

Henao Francisco

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

15488 Lakes of Delray

apt 201

City

Delray Bch

FL

Zip Code

33484

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, 2002 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

TITLE **PTD** ☐ Delete
NAME **HENAO, FRANCISCO**
STREET ADDRESS **7 CANTERBURY LN**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **VSD** ☐ Delete
NAME **HENAO, LUZ E**
STREET ADDRESS **7 CANTERBURY LN**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

4-24-02

Date

(561) 4997650

Daytime Phone #

CR2E034 (9/01)