

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014014

1. Entity Name

R & R CUSTOM FURNITURE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90116 002 ***150.00

Principal Place of Business

4270 NW 10 TERRACE
FT LAUDERDALE FL 33309
US

Mailing Address

4270 NW 10 TERRACE
FT LAUDERDALE FL 33309
US

00041037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

778 NE PROSPECT RD
Suite, Apt. #, etc.

3. Mailing Address

4270 NW 10 TERRACE
Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

City & State

FORT LAUD. FL

4. FEI Number

65-0812708

Applied For

Not Applicable

Zip

Country

33334

Zip

Country

33309

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

ROYSDON, RONNY
4270 NW 10 TERRACE
FT LAUDERDALE FL 33309

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.

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, 2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ROYSDON, RONNY
4270 NW 10 TERRACE
FT LAUDERDALE FL 33309 ☐ Delete

TITLE
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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

Date

Daytime Phone #

(954) 229-9042

CR2E034 (10/00)