## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P98000024396 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name AMERICA FURNITURE, INC. 04-28-2000 90034 046 \*\*\*150.00 Principal Place of Business Mailing Address 267 WEST 24TH ST. 267 WEST 24TH ST. HIALEAH FL 33010 HIALEAH FL 33010-1525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0819889 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, GERMAN E Street Address (P.O. Box Number is Not Acceptable) 1781 N.W. 23RD ST. #4 **MIAMI FL 33142** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Defete TITLE NAMÉ RODRIGUEZ, GERMAN E 1005 W. 77+11 Street Apt. A. HIALEAU FL. 33014 STREET ADDRESS 1781 N.W. 23RD ST #4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NARAE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information s

TEDNAN & FOURIAUR

changed, or on an attachment with

SIGNATURE:

<del>\*---</del>

04/12/00 Day/me Phone #