2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

signature and Fred or printed name of signing officer or director Jose M. Blanco. President

Mar 08, 2001 8:00 am DOCUMENT # P98000038206 ... **Secretary of State** 1. Entity Name 03-08-2001 90082 034 ***150.00 JB FURNITURE MANUFACTURING, INC. Principal Place of Business Mailing Address 711 W. 16 Street 711 W. 16 Street D0022945 Hialeah, FL 33010 Hialeah, FL 33010 2. Principal Place of Business 3. Mailing Address <u>711 W. 16 Street</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For ĤŸåfëäh. FL 65-0831461 Not Applicable ^{Zip}33010 Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Blanco, Jose M., Sr. 711 W. 16 St. Street Address (P.O. Box Number is Not Acceptable) 711<u>W. 16</u> St. Hialeah, FL 33010 33010 Hialeah 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE gistered 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **C**hange Addition TITLE **PTSD** ☐ Delete TITLE NAME Blanco, Jose M. Sr. NAME STREET ADDRESS STREET ADDRESS 711 W. 16 St. CITY-ST-ZIP CITY-ST-ZIP Hialeah, FL 33010 ☐ Delete TITLE **Change** Addition TITLE NAME NAME Blanco, Ramona 711 W. 16 St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP Hialeah, FL Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustely 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.

FILED

(305<u>)</u> 863-6344