FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2002 8:00 am P98000038206 DOCUMENT # **Secretary of State** 1. Entity Name 01-18-2002 90004 037 ***150.00 JB FURNITURE MANUFACTURING, INC. Principal Place of Business Mailing Address 711 W 16 STREET 711 W 16 STREET HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0831461 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -BLANCO, JOSE M SR. Street Address (P.O. Box Number is Not Acceptable) 711 W 16 STREET HIALEAH FL 33010 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 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 11. OFFICERS AND DIRECTORS PTSD TITLE Delete TITLE ☐ Change ☐ Addition BLANCO, JOSE M SR. NAME NAME 711 W 16 STREET STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BLANCO, RAMONA NAME 711 W 16 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 **★**X Addition TITLE ----☐ Delete TITLE ☐ Change NAME NAME Yaneisy Blanco STREET ADDRESS STREET ADDRESS 711 W. 16 St. CITY-ST-ZIP CITY-ST-ZIP 33010 Hialeah. Addition TITLE ☐ Delete TITI E ☐ Change 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 virue 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

SIGNATURE:

of the corporation or the receiver or trustee en changed, or on an attachment with an addres

<u>di</u>wind<u>ic</u>

<u>(305)863-6344</u> <u>January 10, 2002</u>