

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90036 008 ***150.00

DOCUMENT # P98000064521

1. Entity Name **W.S.M. FURNITURE & INTERIOR INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2232 W. 80th STREET

2232 W. 80th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY# 4 & 5

BAY# 4 & 5

City & State

City & State

HIALEAH, FL

HIALEAH, FL

Zip

Zip

Country

Country

33016-5564

DADE

33016-5564

DADE

4. FEI Number

65-0852527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

YANES PEDRO

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

2232 W. 80th STREET BAY#4 & 5

City

HIALEAH

FL

Zip Code

33016-5564

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IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
YANES, PEDRO
2232 W. 80th ST BAY# 4 & 5
HIALEAH, FL 33016-5564**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)