

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90220 028 \*\*\*550.00

**DOCUMENT # P98000070139**

1. Entity Name

**RECLINER DEPOT, INC.**

Principal Place of Business

**8081 W 21 E PALMETTO LAKES  
HIALEAH FL 33016**

Mailing Address

**8081 W 21 E PALMETTO LAKES  
HIALEAH FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0861847**

Applied For

Not Applicable

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

**CALZADILLA, ALBERTO  
1325 WEST 68 STREET, UNIT 421  
HIALEAH FL 33014**

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 of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Alberto Calzadilla*

*8/2/00*

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CALZADILLA, ALBERTO</b>	
STREET ADDRESS	<b>1325 WEST 68 STREET, UNIT 421</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, ANTONIO</b>	
STREET ADDRESS	<b>8366 W 14 AVE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 trustee empowered to execute this report as provided 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 #

*8/2/00*

0214 500