

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90179 016 ***150.00

DOCUMENT # P98000083646

1. Entity Name
SUPER FURNITURE CORPORATION



Principal Place of Business
19181-A SOUTH DIXIE HWY
MIAMI FL 33193

Mailing Address
19181-A SOUTH DIXIE HWY
MIAMI FL 33193

2. Principal Place of Business
SUPER FURN.

3. Mailing Address
19181 South Dixie Hwy

City & State
MIAMI FL

City & State
Florida

Zip
33157

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0867200

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BELILLA, MILAGROS M
12101 SW 185 TER
MIAMI FL 33177

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
12101 SW 185 TER
MIAMI
City
Florida FL Zip Code 33177

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Milagros M Belilla 1/31/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	NAME BELILLA, LISVEL	<input type="checkbox"/> Delete
STREET ADDRESS 11930 SW 187 TERR	CITY-ST-ZIP MIAMI FL 33177	
TITLE D	NAME BELILLA, MILAGROS M	<input type="checkbox"/> Delete
STREET ADDRESS 12101 SW 185 TERR	CITY-ST-ZIP MIAMI FL 33177	
TITLE D	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12101 SW 185 TERR	CITY-ST-ZIP MIAMI FL 33177	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12101 SW 185 TERR	CITY-ST-ZIP MIAMI FL 33177	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Milagros M Belilla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)