

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096546

1. Entity Name

FURNITURE DEPOT DISCOUNT SALES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90107 045 ***150.00

Principal Place of Business

Mailing Address

1865 OPA LOCKA BLVD.
OPA LOCKA FL 33054

1865 OPA LOCKA BLVD.
OPA LOCKA FL 33054-4223

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 65-0866472

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

EMILIEN, ELISSON
1865 OPA LOCKA BLVD.
OPA LOCKA FL 33054

Name
EMILIEN ELISSON
Street Address (P.O. Box Number is Not Acceptable)
20525 N.W. 28th COURT
P
City MIAMI FL Zip Code 33156

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

Emilien Elisson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| PD | EMILIEN, ELISSON | | |
| STREET ADDRESS | 20525 N.W. 28 CT. | | |
| CITY-ST-ZIP | MIAMI FL 33056 | | |
| SD | EMILIEN, HELENE | | |
| STREET ADDRESS | 20525 N.W. 28 CT. | | |
| CITY-ST-ZIP | MIAMI FL 33056 | | |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Emilien Elisson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00