

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90222 046 \*\*\*150.00

**DOCUMENT # P99000008775**

**1. Entity Name**  
**LEONORE'S FURNITURE INC.**



**Principal Place of Business**  
**4273 SW 75 AVE**  
**MIAMI FL 33155**

**Mailing Address**  
**4273 SW 75 AVE**  
**MIAMI FL 33155**

**2. Principal Place of Business**  
**4213 SW 75 AVE.**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**4213 SW 75 AVE.**  
Suite, Apt. #, etc.

**City & State**  
**MIAMI FL.**

**City & State**  
**MIAMI FL.**

**Zip**  
**33155**

**Country**  
**USA**

**Zip**  
**33155**

**Country**  
**USA**

**4. FEI Number** **65-0912172**

**Applied For**  
☐ **Not Applicable**

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

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**LINARES, LEONOR**  
**8690 SW 104 ST**  
**MIAMI FL 33156**

**7. Name and Address of New Registered Agent**

**Name** **LEONOR LINARES**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**8690 SW 104 ST.**  
**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

(NOTE: Registered Agent signature required when reinstating)

**01-21-03**

**DATE**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ **Delete**  
**NAME** **LINARES, JAIME R**  
**STREET ADDRESS** **8690 SW 104TH ST.**  
**CITY-ST-ZIP** **MIAMI FL 33156**

**TITLE** **S** ☐ **Delete**  
**NAME** **LINARES, JAIME S**  
**STREET ADDRESS** **8690 SW 104TH ST.**  
**CITY-ST-ZIP** **MIAMI FL 33156**

**TITLE** **V** ☐ **Delete**  
**NAME** **LINARES, LEONOR**  
**STREET ADDRESS** **8690 SW 104TH ST.**  
**CITY-ST-ZIP** **MIAMI FL 33156**

**TITLE** **T** ☐ **Delete**  
**NAME** **LINARES, MIGUEL A**  
**STREET ADDRESS** **8690 SW 104TH ST.**  
**CITY-ST-ZIP** **MIAMI FL 33156**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**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:** **LEONOR LINARES** **01-21-03** **305-269-7104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)