

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000015478**

1. Entity Name

N.D.J. FURNITURE, INC.**FILED****Jan 24, 2001 8:00 am**
Secretary of State

01-24-2001 90049 009 ***150.00

Principal Place of Business

13215 N.W. 7TH AVE
MIAMI FL

Mailing Address

13215 N.W. 7TH AVE
MIAMI FL

2. Principal Place of Business

13263-65 NW 7AVE

Suite, Apt. #, etc.

3. Mailing Address

13263-65 NW 7AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Miami FL

Zip

33168

Country

EEUU

City & State

Miami FL

Zip

33168

Country

EEUU

4. FEI Number

65-0894959

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****JIRON, NESTOR D**
1541 W 2ND AVE
HIALEAH FL 33010

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, 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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PSTD** ☐ Delete
NAME **JIRON, NESTOR D**
STREET ADDRESS **1541 W 2ND AVE**
CITY-ST-ZIP **HIALEAH FL 33010**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-01

Date

(305) 883-9444

Daytime Phone #

CR2E034 (10/00)