## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

## Mar 07, 2003 8:00 am secretary of State DOCUMENT # P99000015478 1. Entity Name 03-07-2003 90098 017 \*\*\*155.00 N.D.J. FURNITURE, INC. Principal Place of Business Mailing Address 19914 NW 2ND AVENUE 13621 NW 7TH AVENUE **MIAMI FL 33169** N. MIAMI FL 33169-3316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0894959 Not Applicable Country Zip Country \$8:75. Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JIRON, NESTOR D Street Address (P.O. Box Number is Not Acceptable) 15802 NW 79TH COURT MIAMI LAKES FL 33016 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Prosident **PSTD** X3 Delete Change ■ Addition NESFOR D. JIVON NAME JIRON, NESTOR D NAME 15800 NW 79cr STREET ADDRESS STREET ADDRESS 1541 W 2ND AVE CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP Miami Lake, F(33016 ☐ Delete TITLE Change ☐ Addition NAME NAME CUADRH, MARTHA STREET ADDRESS STREET ADDRESS 15802 NW 79TH COURT CITY-ST-ZIP CITY-ST\_ZIP\_ MIAMIPLAKES FL-33016 Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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**FILED**