2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018702 *

1. Entity Name

LA NUEVA EPOCA FURNITURE DISCOUNT, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90055 018 ***150.00

Principal Place of Business	Mailing Address
~~84 EAST 64TH STREET~~ ~~HIALEAH FL 33013~~	~~84 EAST 64TH STREET~~ ~~HIALEAH FL 33013-1045~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3189 N. STATE RD 7	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE, FLORIDA	City & State
Zip: 33063 / Country: USA	Zip / Country

4. FEI Number: 65-0906283 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, JOSE ND M
84 EAST 64TH STREET
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name: HERNANDEZ, JOSE M.
Street Address (P.O. Box Number is Not Acceptable): 16611 SW 140 AVE
City: MIAMI 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.

SIGNATURE X [signature] 4-14-00
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, 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		
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, JOSE M		NAME		
STREET ADDRESS	84 EAST 64TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33013		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		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: X [signature] REQUIRED 4-14-00 954 9174090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #