

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000031795**

1. Entity Name

ELEGANT CUSTOM FURNITURE, INC.**FILED****Mar 09, 2001 8:00 am**
Secretary of State

03-09-2001 90496 038 ***150.00

Principal Place of Business

Mailing Address

5204 S.W. 87TH AVE.
COOPER CITY FL 33328**5204 S.W. 87TH AVE.**
COOPER CITY FL 33328

2. Principal Place of Business

3. Mailing Address

1611 W. McNab Rd**1611 W. McNab Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach FL**Pompano Beach FL**

Zip

Country

Zip

Country

33069**Broward****33069****Broward**

4. FEI Number

65-0936795

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

MEDINA, JOEL**5204 S.W. 87TH AVE.****COOPER CITY FL 33328**

Name

Pedro Medina

Street Address (P.O. Box Number is Not Acceptable)

970 SW 68th Avenue

City

Plantation**FL**

Zip Code

33317

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

J. Medina

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

(NOTE: Registered Agent signature required when reinstating)

3/6/01

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	D	<input type="checkbox"/> Delete
NAME	MEDINA, PEDRO JR.	
STREET ADDRESS	5204 S.W. 87TH AVE.	
CITY-ST-ZIP	COOPER CITY FL 33328	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, JOEL	
STREET ADDRESS	5204 S.W. 87TH AVE.	
CITY-ST-ZIP	COOPER CITY FL 33328	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

J. Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

305-358-2200

Daytime Phone #

CR2E034 (10/00)