

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041527

1. Entity Name

TONY'S FURNITURE STORE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90063 005 ***150.00

Principal Place of Business

Mailing Address

14857 NW 7TH AVE.
N. MIAMI FL

14857 NW 7TH AVE.
N. MIAMI FL 33168-3105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0931480

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

CACERES, ANGELICA
655 IVES DAIRY RD., #417
N. MIAMI FL 33179

Name

Angelica Caceres

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

17038 W Dixie Highway #149

City

N Miami

FL

Zip Code 33161

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

Angelica Caceres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-00

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 ☐ Delete
NAME Angelica Caceres
STREET ADDRESS 17038 W Dixie Highway #149
CITY-ST-ZIP N.M. FL 33161

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

TITLE ☐ Delete
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STREET ADDRESS 17038 W Dixie Highway #149
CITY-ST-ZIP N.M. FL 33161

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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:

Angelica Caceres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00 Pres.

(305) 687-0333

CR2E034 (9/99)