

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049660

1. Entity Name

NATIONAL FURNITURE WHOLESALERS, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90059 041 ***150.00

Principal Place of Business

1550 NW 94TH AVENUE
MIAMI FL 33172

Mailing Address

1550 NW 94TH AVENUE
MIAMI FL 33172-2846

2. Principal Place of Business

8240 NW 14th STREET

3. Mailing Address

8240 NW 14th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0928331

Applied For

Not Applicable

Zip

33126

Country

U.S.A.

Zip

33126

Country

USA

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

RAMOS, JORGE H
2250 SW 3RD AVENUE
FIFTH FLOOR
MIAMI FL 33129

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, 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	D	<input type="checkbox"/> Delete
NAME	WAKED, NIDAL	
STREET ADDRESS	1550 NW 94TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, ALFRED F	
STREET ADDRESS	1550 NW 94TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAFIR, TAMAS	
STREET ADDRESS	1550 NW 94TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8240 NW 14th STREET	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8240 NW 14th STREET	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8240 NW 14th STREET	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
Date

305-629-9090
Daytime Phone #