

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

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90141 013 ***150.00

DOCUMENT # **P99000050271**

1. Entity Name

1ST CONCEPT FURNITURE DESIGNERS & BUILDERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6333 SW 22 COURT

Suite, Apt. #, etc.
MIRAMAR Florida

City & State

3. Mailing Address

6333 SW 22 COURT

Suite, Apt. #, etc.
MIRAMAR

City & State

Florida

4. FEI Number

65-0923471

Applied For

Not Applicable

Zip
33023

Country
BYDWARD

Zip
33023

Country
BYDWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **RANDOLPH WILLIAMS**

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

6333 S W 22 CT

City **MIRAMAR**

FL

Zip Code
33023

**DO NOT WRITE
IN THIS SPACE**

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

R Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07-22-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
RANDOLPH WILLIAMS
(1)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6333 SW 22 COURT
MIRAMAR Florida 33023

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

R Williams Director

07-22-02

305 788 5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
971188

#P99800050271

RANDOLPH Williams

6333 SW 22 Court

MIRMAN Fla 33023

07. 22 - 02

DEAR Sir / MADAM

The reason for this delay
in filling my business report I did not
received my mail for some reason
out side of my control.

Sorry about this delay

Sign

Williams