

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90164 003 ***150.00

DOCUMENT # P99000052881

1. Entity Name
TECNIFURNITURE CORPORATION

Principal Place of Business

18810 N.W. 57 AVENUE
APT. 111
MIAMI FL 33015-7005

Mailing Address

18810 N.W. 57 AVENUE
APT. 111
MIAMI FL 33015-7005

2. Principal Place of Business

4534 NW 109th CT
Suite, Apt. #, etc.

3. Mailing Address

4534 NW 109th CT
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0943303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EL ZELAH, MOUYAO
18810 NW 57 AVE
APT 111
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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

4534 NW 109th CT

City **MIAMI**

FL

Zip Code **33178**

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, 2002 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

TITLE **D** ☐ Delete
NAME **EL ZELAH, MOUAYAD**
STREET ADDRESS **18810 N.W. 57 AVENUE APT. 111**
CITY-ST-ZIP **MIAMI FL 33015-7005**

TITLE **D** ☐ Delete
NAME **EL ZELAH, JORGE JAMILE**
STREET ADDRESS **18810 N.W. 57 AVENUE APT. 111**
CITY-ST-ZIP **MIAMI FL 33015-7005**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4534 NW 109th CT**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4534 NW 109th CT**
CITY-ST-ZIP **MIAMI, FL 33178**

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

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

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

TITLE ☐ Change ☐ 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

01/17/02

Date

786-845-0886

Daytime Phone #

CR2E034 (9/01)