

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059766

1. Entity Name

3 J'S FURNITURE WORKS, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90019 038 ***158.75

Principal Place of Business

833 N.W. 45TH STREET
FT. LAUDERDALE FL 33309

Mailing Address

833 N.W. 45TH STREET
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0933873

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMECILLO, NOEL
9730 N.W. 25TH STREET
SUNRISE FL 33322

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS DEMECILLO, NOEL
CITY-ST-ZIP 9730 N.W. 25TH STREET
SUNRISE FL 33322

TITLE ☐ Delete
NAME D
STREET ADDRESS CADER, JANE
CITY-ST-ZIP 9730 N.W. 25TH STREET
SUNRISE FL 33322

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
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 an attorney-like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-00

CFR2E034 (5/00)

Attachment
D/# D99000055 766
A0076902

September 6, 2000

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Katherine Harris
Secretary of State

Dear Madame:

Recently I received a second notice from your office that 3 J'S FURNITURE WORKS, INC. is late on filing the annual corporate report, unfortunately this is the first time that I have to file an annual report, for my corporation was just incorporated in 1999 and I have not seen nor I received any annual report to be filed until I got the second notice.

In view of this circumstances, I would like to request your office to reconsider that the penalty for late filing be abated. I am attaching a check for \$ 158.75 for the annual report fee and certificate of status.

Thank you very much and I hope everything will be in order.

Sincerely,



Noel Demecillo
President