

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

APPROVED
AND
FILED

DOCUMENT # P99000063757

1. Entity Name

Coconut Grove Canvas +
Upholstery, Inc.



03 OCT -2 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
511A SW 3rd Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2003 AMENDED

City & State
Miami, Florida

City & State

4. FEI Number
65-0954512

Applied For
Not Applicable

Zip
33130

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Trease A. Clements

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

511A SW 3rd Ave

City
Miami

FL

Zip Code
33130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

T.A. Clements

T.A. Clements

10/01/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/S/D Trease A. Clements
511A SW 3rd Ave
Miami, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300024258553
10/29/03 --01067--028 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/T/D George A. Clements
511A SW 3rd Ave
Miami, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

T.A. Clements
T.A. Clements

Date

Daytime Phone #

305) 905-2220

10-1-03

CR2E034B (12/02)