

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065509

1. Entity Name

BRIONES FURNITURE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90028 009 ***150.00

Principal Place of Business

Mailing Address

900 S.W.10TH ST. #11
HALLANDALE FL 33009

900 S.W.10TH ST. #11
HALLANDALE FL 33009-6835

2. Principal Place of Business

1931 N.W. 29 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL.

City & State

4. FEI Number

65-0938 013

Applied For

Not Applicable

Zip

33311

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIONES, NILTO N
900 S.W.10TH ST. #11
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name BRIONES, NILTO N

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

1931 N.W. 29 ST.

City OAKLAND, FL. 33311 FL Zip Code 33311

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

TITLE PSD
NAME BRIONES, NIGOR
STREET ADDRESS 900 S.W.10TH ST. #11
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE VD
NAME RIOJAS, ESTEBAN
STREET ADDRESS 900 S.W. 10TH ST. #11
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME BRIONES, NIGOR N
STREET ADDRESS 900 S.W. 10th ST. #11
CITY-ST-ZIP HALLANDALE, FL. 33009 ☐ Change ☒ Addition

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

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

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

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

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

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 another name, empowered.

SIGNATURE:

SIGNATURE REQUIRED

03/31/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)