2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # P99000100406 Secretary of State TROBESO FURNITURE, INC. 05-02-2001 90133 043 ***158.75 Principal Place of Business Mailing Address 10227 SOUTHWEST 53 COURT 10227 SOUTHWEST 53 COURT COOPER CITY FL 33328 COOPER CITY FL 33328 144412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State APPLIED FOR Applied For 65 0975336 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENNICI, RAY Street Address (P.O. Box Number is Not Acceptable) 10227 SOUTHWEST 53 COURT COOPER CITY FL 33328 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 CR2E034 (10/00) Change ☐ Addition Delete TITLE TITLE RAYBENNICI SOBRADO, FEDERICO NAME NAME 10227 SW 53 COURT 10227 SOUTHWEST 53 COURT STREET ADDRESS STREET ADDRESS COUPER CITY, FL. 33328 CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete TITLE Change ☐ Addition TITLE BENNICI, RAY NAME NAME STREET ADDRESS 10227 SOUTHWEST 53 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33328 Change ☐ Addition 🔀 Delete TITLE TITLE TRONCOSO, ROLANDO NAME NAME STREET ADDRESS 10227 SOUTHWEST 53 COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COOPER CITY FL 33328 ☐ Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



4/26/01

954-680-8855