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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

D	OCUMENT	#	S27	253
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Corporation Name

FINE UPHOLSTERY, INC.

Principal	Pla	ce of	Business	
ICAN NIM	24	TEDO	•	,

Mailing Address



1640 N.W. 34 T		4040 1111 04 7500						
FT LAUDERDAL		1640 N.W. 34 TERR FT LAUDERDALE FL 33311						
r, choochoac	£ 72 33311	TT CRODENDALE TE SOUT	1		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed			
					01/24/1991			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0237611		Not Applicat	ble
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	*		5. Certifcate of Status Desired		75 Additional	
22		27			5. Certificate of Status Desired	Fe	e Required	
City & Stat	te	City & State			6. Election Campaign Financing		00 May Be_	_
23		28			Trust Fund Contribution	Add	led to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year in			-
24	25	29	30		Personal Property Tax.	☐ Yes	□No	_
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent		_
	en 11110		1	81 Name				ł
	EZ, JULIO		la la	82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
) N.W. 34 TERR		-					
; FTL	AUDERDALE FL 33311		[1	83				
			- -	B4 City		85	Zip Code	_
					FL	_ `	,	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the ab	ove-named co	rporation submits this statement for the purpose of	changin	g its registered	d
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	ent Florida. Such change was a	iutnorizea	by the corpora	tion's board of directors. I hereby accept the appo	ii ianent a	is registered	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NOTE	- Registered A	oent signature requi	ired when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12	:] {
TITLE	D			<u>. </u>		☐ Chai	nge 🗀 Addi	ition
	l D	☐ DELETE	1.1 TITL					
NAME	-	[] DELETE	1.1 TITL 1.2 NAM					;
NAME	LOPEZ, JORGE L.	[] DELETE	1.2 NAM	IE		□ Cita		
STREET ADDRESS	LOPEZ, JORGE L. 1820 N.E. 39 ST.	() DELETE	1.2 NAM 1.3 STR	IE EET ADDRESS		□ Cita		
STREET ADDRESS CITY-ST-ZIP	LOPEZ, JORGE L. 1820 N.E. 39 ST. POMPANO BEACH FL	☐ DELETE	1.2 NAM 1.3 STR	EET ADDRESS (-ST-ZIP	<u></u>	Cha		ition
STREET ADDRESS CITY-ST-ZIP TITLE	LOPEZ, JORGE L. 1820 N.E. 39 ST. POMPANO BEACH FL. D		1.2 NAM 1.3 STR 1.4 CITY	EET ADDRESS (-ST-ZIP				ition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: >

20001RED