

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34363

1. Entity Name

RED TAG FURNITURE DISCOUNT, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90019 043 ***150.00

Principal Place of Business	Mailing Address
982 S.W. 8TH ST. MIAMI FL 33130-3732	982 S.W. 8TH ST. MIAMI FL 33130-3732

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	65-0243832	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LOPEZ, MARIA T 734 SW 24 RD MIAMI FL 33129

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> Delete
NAME	LOPEZ, MARIA T.
STREET ADDRESS	734 SW 24 RD
CITY-ST-ZIP	MIAMI FL 33129
TITLE	VP <input type="checkbox"/> Delete
NAME	LOPEZ, FRANK P.
STREET ADDRESS	3175 SW 17C WAY
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> Delete
NAME	LOPEZ, ANA
STREET ADDRESS	10843 SW 74 ST
CITY-ST-ZIP	MIAMI FL 33173
TITLE	S <input type="checkbox"/> Delete
NAME	LOPEZ, ROSA
STREET ADDRESS	734 SW 24 RD
CITY-ST-ZIP	MIAMI FL 33129
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/00 305-858-6714
Date Daytime Phone #

CR2E034 (9/99)