

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28226

1. Entity Name

MOBILARTE FURNITURE CORPORATION

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90026 039 \*\*\*150.00

Principal Place of Business

Mailing Address

11480 N.W. 89 AVE.  
HIALEAH FL 33014

11480 N.W. 89 AVE.  
HIALEAH FL 33018-4100

2. Principal Place of Business

11115 W. Okeechobee Rd.

3. Mailing Address

15801 NW 14th Rd.

Suite, Apt. #, etc.

Bay # 5

Suite, Apt. #, etc.

City & State

Hialeah Gardens Fl

City & State

Pembroke Pines, Fl

Zip

33018

Country

USA

Zip

33028

Country

USA

4. FEI Number

65-0368523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GARCIA, MAXIMO

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

15801 NW 14th Rd.

City

Pembroke Pines

FL

Zip Code

33028

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME GARCIA, MAXIMO  
STREET ADDRESS 11480 N.W. 89 AVE.  
CITY-ST-ZIP HIALEAH FL

TITLE PTD ☒ Change ☐ Addition  
NAME GARCIA, MAXIMO  
STREET ADDRESS 15801 NW 14th Rd.  
CITY-ST-ZIP PEMBROKE PINES, FL, 33028

TITLE VSD ☒ Delete  
NAME VILLAR, BERTHA  
STREET ADDRESS 7000 S.W. 23 ST. # 42  
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)