Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 16, 2001 8:00 am Secretary of State DOCUMENT # 537705 1. Entity Name CARL'S FURNITURE PLAZA, INC. Mailing Address Principal Place of Business 6650 N FEDERAL HWY 6650 N FEDERAL HWY **BOCA RATON FL 33487 LOPPONDIO** BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1851006 Not Applicable \$8.75 Additional Country Country Zip 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENNEDY, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 399 W PALMETTO PK RD, #106 **BOCA RATON FL 33431** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete ☐ Change TITLE TITLE NAME FRIEDMAN, FRED STREET ADDRESS STREET ADDRESS 6650 N. FEDERAL HWY CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33487** Addition ☐ Change ☐ Delete TITLE TITLE **VP** NAME DRAGIN, ROBERT W. STREET ADDRESS STREET ADDRESS 6650 N. FEDERAL HWY CITY-ST-ZIF CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Addition ☐ Delete TITI F TITLE S NAME NAME BAKER, MYRON STREET ADDRESS STREET ADDRESS 6650 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 ☐ Addition Change ☐ Delete TITLE TITLE AS NAME KENNEDY, TERI B STREET ADDRESS STREET ADDRESS 6650 N. FEDERAL HWY CITY-ST-ZIF CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BAKER, JEFF . STREET ADDRESS STREET ADDRESS 6650 N. FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition ☐ Delete 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR