2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-18-2002 90359 013 ****61.25

DOCUMENT # 717193

1. Entity Name

FLORIDA HOME FURNISHINGS REPRESENTATIVES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1135 PASADENA AVE., SOUTH. STE#239 ST. PETERSBURG FL 33707	1135 PASADENA AVE., SOUTH. STE#239 ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

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 59-1456408 ☐ 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
WAX, BARRY 51 DOLPHIN DR TREASURE ISLAND FL 33706	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNSTINE, NORMAN 102 CAMBRIDGE DRIVE LONGWOOD FL 32779	☒ Delete	D ELAINE GREENBERG 106 LAKE EMERALD DR. #410 FT. LAUDERDALE, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEVELAND, CRAIG 421 MAPLE BLUFF CR MELBOURNE FL 32940	☐ Delete	D ALEX FRASER 4079 GREYSTONE DR CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAMNEY, VONICA PO BOX 12 N/A LAND O LAKES FL 34639	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DREZNIN, NEAL 841 FAULKWOOD COURT SARASOTA FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WAX, BARRY 51 DOLPHIN DR. TREASURE ISLAND FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EDMONDS, ROYAL 9202 GRAND BLANC DR SEMINOLE FL	☒ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry Wax BARRY WAX SIGNATURE REQUIRED LEDET 4-10-02 727 381-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #