

FILED
May 29, 2002 8:00 am
Secretary of State

05-05-2002 90204 001 *****8.75
 05-05-2002 90204 002 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # ~~1800-807-3676~~ **0790**
 1. Entity Name: **PO1000037894**
HAROLD'S CUSTOM FURNITURE ✓

DO NOT WRITE IN THIS SPACE

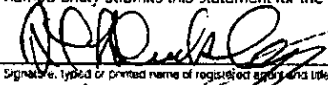
65-1088731

2. Principal Place of Business 1785 NW OPALOCKA BLVD. Suite, Apt. #, etc. N/A		3. Mailing Address 1785 NW OPALOCKA BLVD. Suite, Apt. #, etc. N/A		4. FEI Number 1800-807-3676		Applied For Not Applicable
City & State OPALOCKA 33054 FL.		City & State OPALOCKA FL.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country DADE	Zip 33054	Country DADE			

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name: HAROLD L. DUNKLEY	
	Street Address (P.O. Box Number is Not Acceptable): 2441 SW 34TH TERRACE	
	City MIRAMAR	Zip Code FL 33025

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:  DATE: **4-5-02**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1 Fee is \$50.00
Amended UBR is \$61.25
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP C.E.O. HAROLD L. DUNKLEY 2441 SW 34TH TERR. MIRAMAR, FL. 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR