

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

08-08-2003 90096 042 \*\*\*\*61.25  
 P02000064206

DOCUMENT # P02000064206

Name  
 TREND UPHOLSTRY, INC.



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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 367 Southwest 13th Ave.	3. Mailing Address 367 Southwest 13th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Pompano Beach, FL	City & State Pompano Beach, FL	4. FEI Number 02-0609422	Applied For <input type="checkbox"/> Not Applicable
Zip 33069	Country USA	Zip 33069	Country USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Norman Casper

Street Address (P.O. Box Number is Not Acceptable)  
 367 Southwest 13th Ave.

City Pompano Beach, FL Zip Code 33069

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Norman Casper* (NOTE: Registered Agent signature required when re-registering) DATE 7/7/03

January 1 Fee is \$150.00  
 April, May 1 Fee is \$590.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Norman Casper 367 Southwest 13th Ave Pompano Beach, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MS/14</i>
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norman Casper* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE July 7 2003 (954) 781-5876

CR2E034B (12/02)