

04-25-2003 90240 045 \*\*\*150.00

4/25/03

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000074310** (2) ✓

**1. Entity Name**  
 TOP NOTCH FURNITURE CORP.

**Principal Place of Business**  
 6355 N.W. 50TH STREET  
 SUITE 601  
 MIAMI, FL 33166

**Mailing Address**  
 6355 N.W. 50TH STREET  
 SUITE 601  
 MIAMI, FL 33166

**2. Principal Place of Business**  
 2310 PONCA DE LEON AVE.  
 Date, Apr. 5, 03.

**3. Mailing Address**  
 2310 PONCA DE LEON AVE.  
 Date, Apr. 5, 03.

CHECK HERE IF MAKING CHANGES

**4. FEI Number** 44-3643420 **Applied For**  **Not Applicable**

**5. City & State** CORAL GABLES, FL **6. City & State** CORAL GABLES, FL

**7. ZIP Code** 33134 **8. Country** USA **9. ZIP Code** 33134 **10. Country** USA

**11. Certificate of Status Desired**  **12. FEI Number**  **13. FEI Number**

**14. Name and Address of Service Representative Agent**  
 LEWIS, HAROLD L. ESQ.  
 3 SOUTH BRICKYARD BOULEVARD  
 ONE BRICKYARD TOWER, SUITE 3400  
 MIAMI, FL 33129

**15. Name and Address of Registered Agent**  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL ZIP Code: \_\_\_\_\_

**16. The above named entity certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am a director, officer, and accept the responsibility of registered agent.**

**SIGNATURE** \_\_\_\_\_

**17. Election Campaign Financing**  **18. \$5.00 is to be added to Fee**

19. OFFICERS AND DIRECTORS		20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	<input type="checkbox"/> Date	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Date	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Date	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Date	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

**21. I hereby certify that the information supplied with this filing does not exactly fit the description called in Section 190.01(2)(c), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature and name 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attached schedule on address, when in other file prepared.**

**SIGNATURE:** VAL BOOTH VALERIE BOOTH 04/13/03 2084463334

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changes (vertical)