

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90118 007 \*\*\*150.00

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

7/2

**55053120**



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P02000128256			
1. Entity Name SELAH FURNITURE, INC.			
Principal Place of Business 2099 W ATLANTIC BLVD POMPANO BEACH FL 33069		Mailing Address 2099 W ATLANTIC BLVD POMPANO BEACH FL 33069	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 010763003		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORATIS, ROBERT J P.A. 1310 SE 3 AVE FT LAUDERDALE FL 33316		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and state if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when relinquishing)</small>	
FILE NOW!!! FEE IS \$850.00 After September 10, 2003 Fee will be \$790.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LARJE, BRIAN 2099 W ATLANTIC BLVD POMPANO BEACH FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11B.07(3)(b), 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 register or trustee empowered to execute this report as required by Chapter 607, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR</small>		Date: 7-16-03 Diverse Phone #: 954-968-8557	

CFR0034 (4/03)

Attachment#

(561) 624-8990

DONALD LEVIN, P. A.  
CERTIFIED PUBLIC ACCOUNTANT

1201 U. S. HIGHWAY ONE, #225  
NORTH PALM BEACH, FLORIDA 33408

AUGUST 1, 2003

FLORIDA DIVISION OF CORPORATIONS  
P O BOX 1500  
TALLAHASSEE, FL 32302

55053120  
~~#~~ P02000128256

RE: P02000128256  
SELAH FURNITURE, INC.

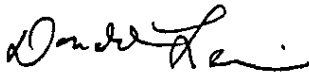
DEAR SIR/ MADAM;

PER YOUR INSTRUCTIONS, I AM ENCLOSING 2003 ANNUAL REPORT FOR  
THE ABOVE CORPORATION, REFLECTING THE FEDERAL ID NUMBER.

IT IS REQUESTED THAT THE PENALTY OF \$400.00 BE ABATED, PER OUR  
LETTER DATED JULY 22, 2003. A COPY IS ENCLOSED.

PLEASE ADVISE IF ANY ADDITIONAL INFORMATION IS REQUIRED.

VERY TRULY YOURS,



DONALD LEVIN, P.A.  
CERTIFIED PUBLIC ACCOUNTANT

Attachment#

(561) 624-8990

DONALD LEVIN, P. A.  
CERTIFIED PUBLIC ACCOUNTANT

1201 U. S. HIGHWAY ONE, #225  
NORTH PALM BEACH, FLORIDA 33408

JULY 22, 2003

FLORIDA DIVISION OF CORPORATIONS  
P O BOX 1500  
TALLAHASSEE, FL 32302

55053120  
~~#~~ P02000128256

RE: P02000128256  
SELAH FURNITURE, INC.

DEAR SIR/MADAM;

ENCLOSED IS THE 2003, FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT, AND A CHECK IN THE AMOUNT OF \$150.00, FOR PAYMENT OF FEE, IF FILED TIMELY. IT IS REQUESTED THAT THE LATE PENALTY FOR NOT FILING TIMELY BE WAIVED. THE ORIGINAL FORM WAS NOT RECEIVED, AND HAD IT BEEN, THIS WOULD HAVE BEEN FILED AND PAID. THE CORPORATION, SINCE IT'S INCEPTION HAS FILED AND PAID ALL TAXES TIMELY.

YOUR CONSIDERATION IN THIS MATTER IS APPRECIATED, AND PLEASE ADVISE IF ANY ADDITIONAL INFORMATION IS REQUIRED.

VERY TRULY YOURS,



DONALD LEVIN, PA  
CERTIFIED PUBLIC ACCOUNTANT