

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088044

1. Entity Name

SUN OFFICE FURNITURE, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90019 016 \*\*\*158.75

Principal Place of Business

Mailing Address

200 S.W. 12TH AVE.  
 POMPANO BEACH FL 33069

200 S.W. 12TH AVE.  
 POMPANO BEACH FL 33069-3224

2. Principal Place of Business

910 SW 2nd Place

3. Mailing Address

910 SW 2nd Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Pompano Beach, FL

City & State  
 Pompano Beach, FL

4. FEI Number

65-0873486

Applied For  
 Not Applicable

Zip  
 33069

Country  
 Broward

33069

Country  
 Broward

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

IRWIN, KIRSNER  
 910 SW 2ND PLACE  
 POMPANO FL 33069

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIRSNER, IRWIN 910 SW 2ND PLACE POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REDDITT, JOANNA 910 SW 2ND PLACE POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kirsner, Irwin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Irwin Kirsner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 IRWIN KIRSNER, PRESIDENT

Jan. 24, 2000

(954) 784-0111

CR2E034 (9/99)