

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90065 016 ***150.00

DOCUMENT # 153575

1. Entity Name

WELLENS FURNITURE CO

Principal Place of Business

17531 FOXBOROUGH LANE
 BOCA RATON FL 33496

Mailing Address

17531 FOXBOROUGH LANE
 BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0583965**

Applied For

Not Applicable

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

WELLENS, IRVING
 17531 FOXBOROUGH LANE
 BOCA RATON FL 33496

Name

DAVID R. WELLENS

Street Address (P.O. Box Number is Not Acceptable)

610 ROSA COURT

City

PALM BEACH GARDENS FL

Zip Code

33410

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

DAVID R. WELLENS, Sec.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

3/14/01

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, 2001 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 **P/D** ☐ Delete
 NAME **WELLENS, IRVING**
 STREET ADDRESS **17531 FOXBOROUGH LANE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **TREASURER** ☒ Change ☒ Addition
 NAME **WELLENS, PAUL**
 STREET ADDRESS **337 N.W. 11th Ave**
 CITY-ST-ZIP **COAL SPRINGS, FL 33065**

TITLE **VSD** ☐ Delete
 NAME **WELLENS, MIRIAM**
 STREET ADDRESS **17531 FOXBOROUGH LANE**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **SECRETARY** ☒ Change ☒ Addition
 NAME **WELLENS, DAVID**
 STREET ADDRESS **610 ROSA COURT**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David R. Wellens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/01 (561-4836636)

CR2E034 (10/00)