

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 203939

1. Entity Name

FLORIDA FURNITURE EXHIBITORS, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90114 025 ***150.00

Principal Place of Business

Mailing Address

3590 MYSTIC POINTE DRIVE
AVENTURA FL 33180-2554
US

P.O. BOX 80-1538
AVENTURA FL 33280-1538
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1195973

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KAREL, LARRY
3590 MYSTIC POINTE DRIVE
AVENTURA FL 33180

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 PD ☐ Delete

NAME WAX, BARRY
STREET ADDRESS 51 DOLPHIN DR
CITY-ST-ZIP TREASURE ISLAND FL

TITLE VD ☐ Delete

NAME HYRES, BARBARA
STREET ADDRESS 104 LAKE EMERALD DR, SUITE 312
CITY-ST-ZIP FT LAUDERDALE FL

TITLE SD ☐ Delete

NAME KAMIS, DAN
STREET ADDRESS 4800 NW 37TH AVE
CITY-ST-ZIP MIAMI FL

TITLE TD ☒ Delete

NAME CARLIN, ATHENA
STREET ADDRESS 1850 NE 144TH ST
CITY-ST-ZIP N MIAMI FL

TITLE D ☐ Delete

NAME SOLOMON, PERRY
STREET ADDRESS 7350 NW MIAMI CT
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete

NAME MOORE, LINDA
STREET ADDRESS 3500 NE 30 AVE
CITY-ST-ZIP LIGHTHOUSE PT FL

TITLE TD ☒ Change ☐ Addition

NAME Wax, Barry
STREET ADDRESS 51 Dolphin Dr.
CITY-ST-ZIP Treasure Island FL

TITLE SD ☒ Change ☐ Addition

NAME Hyres, Barbara
STREET ADDRESS 104 Lake Emerlad Dr. Suite 312
CITY-ST-ZIP Ft. Lauderdale, FL

TITLE PD ☒ Change ☐ Addition

NAME KAMIS, DAN
STREET ADDRESS 4800 N. W. 37th Ave.
CITY-ST-ZIP Miami, FL

TITLE VD ☐ Change ☒ Addition

NAME KONIGSBERG, NATHAN
STREET ADDRESS 1201 S. Ocean Dr.
CITY-ST-ZIP Hollywood, FL. 33019

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

BARRY WAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2000
Date

305
7929990
Daytime Phone #

CR2E034 (9/99)