

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 203939**

1. Entity Name

FLORIDA FURNITURE EXHIBITORS, INC.

Principal Place of Business

**3590 MYSTIC POINTE DRIVE
AVENTURA FL 33180-2554
US**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**KAREL, LARRY
3590 MYSTIC POINTE DRIVE
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

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, 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

TITLE **TD** ☐ Delete
NAME **WAX, BARRY**
STREET ADDRESS **51 DOLPHIN DR**
CITY-ST-ZIP **TREASURE ISLAND FL**TITLE **SD** ☒ Delete
NAME **HYRES, BARBARA**
STREET ADDRESS **104 LAKE EMERALD DR, SUITE 312**
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE **PD** ☐ Delete
NAME **KAMIS, DAN**
STREET ADDRESS **4800 NW 37TH AVE**
CITY-ST-ZIP **MIAMI FL**TITLE **VD** ☐ Delete
NAME **KONIGSBERG, NATHAN**
STREET ADDRESS **1201 S. OCEAN DR**
CITY-ST-ZIP **HOLLYWOOD FL 33019**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**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition
NAME **WAX, BARRY**
STREET ADDRESS **51 DOLPHIN DR.**
CITY-ST-ZIP **TREASURER ISLAND, FL**TITLE **VP** ☐ Change ☒ Addition
NAME **CLEVELAND, CRAIG**
STREET ADDRESS **421 MAPLE BLUFF CIRCLE**
CITY-ST-ZIP **MELBOURNE, FL 32940**TITLE **SEC.** ☒ Change ☐ Addition
NAME **KAMIS, DAN**
STREET ADDRESS **4800 NW 37th AVE.**
CITY-ST-ZIP **MIAMI, FL**TITLE **TRES.** ☒ 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-ZIPTITLE ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90310 025 ***150.00

640477

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1195973**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)