

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90065 038 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1195973

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

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, 2002 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 ☒ **TD** ☐ Delete
 NAME **WAX, BARRY**
 STREET ADDRESS **51 DOLPHIN DR**
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE ☒ **TREASURER** ☐ Change ☐ Addition
 NAME **WAX, BARRY**
 STREET ADDRESS **51 DOLPHIN DR.**
 CITY-ST-ZIP **TREASURE ISLAND, FL**

TITLE ☒ **D** ☐ Delete
 NAME **CLEVELAND, CRAIG**
 STREET ADDRESS **421 MAPLE BLUFF CIRCLE**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☒ **DIRECTOR** ☐ Change ☐ Addition
 NAME **CLEVELAND, CRAIG**
 STREET ADDRESS **2275 VENETIAN PLACE**
 CITY-ST-ZIP **INDIATLANTIC, FL 32903**

TITLE ☒ **VP** ☐ Delete
 NAME **KAMIS, DAN**
 STREET ADDRESS **4800 NW 37TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ **VICE PRESIDENT** ☐ Change ☐ Addition
 NAME **KAMIS, DAN**
 STREET ADDRESS **4800 NW 37th AVE.**
 CITY-ST-ZIP **MAIMI, FL**

TITLE ☒ **D** ☐ Delete
 NAME **KONIGSBERG, NATHAN**
 STREET ADDRESS **1201 S. OCEAN DR**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☒ **D** ☐ Change ☐ Addition
 NAME **KONIGSBERG, NATHAN**
 STREET ADDRESS **1201 S. OCEAN DR.**
 CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☒ **P** ☐ Delete
 NAME **SOLOMON, PERRY**
 STREET ADDRESS **7350 NW MIAMI CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ **PRESIDENT** ☐ Change ☐ Addition
 NAME **SOLOMON, PERRY**
 STREET ADDRESS **7350 NW MAIMI CT.**
 CITY-ST-ZIP **MIAMI, FL**

TITLE ☒ **S** ☐ Delete
 NAME **MOORE, LINDA**
 STREET ADDRESS **3500 NE 30 AVE**
 CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE ☒ **SECRETARY** ☐ Change ☐ Addition
 NAME **MOORE, LINDA**
 STREET ADDRESS **P.O. BOX 5624**
 CITY-ST-ZIP **LIGHTHOUSE POINTE, FL 33074**

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 REQUIRED

APRIL 25, 2002 305/792-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)