

# 2000 UNIFORM BUSINESS REPORT (UBR)

0202941

DOCUMENT # 208267

1. Entity Name  
**POMPEII FURNITURE CO., INC.**

FILED  
00 FEB 16 PM 1:48

Principal Place of Business Mailing Address  
2665 SOUTH BAYSHORE DRIVE SUITE 800 MIAMI FL 33133  
2665 SOUTH BAYSHORE DRIVE SUITE 800 MIAMI FL 33133-5401



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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	59-0912668	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
~~KLEIN, PETER W~~  
2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
MIAMI FL 33133

7. Name and Address of New Registered Agent  
Name: *maria C. Callejas*  
Street Address (P.O. Box Number is Not Acceptable):  
*0000083170230-1*  
*-03/14/00-01132-016*  
City: *\*\*\*150.0 FL \*\*\*150.00*

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: *Maria C Callejas* DATE: *1/6/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, LEO	
STREET ADDRESS	2127 BRICKELL AVE BRISTOL TOWER	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, GLORIA	
STREET ADDRESS	2127 BRICKELL AVE BRISTOL TOWER	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	COB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earl W. Powell	
STREET ADDRESS	2065 S. Bayshore Dr. 8th FL	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry C. Camp	
STREET ADDRESS	160 Village St.	
CITY-ST-ZIP	Birmingham, AL	
TITLE	CEO/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobby Tesney	
STREET ADDRESS	160 Village St.	
CITY-ST-ZIP	Birmingham, AL	
TITLE	VP-F/AS/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent A. Tortoreci, Jr.	
STREET ADDRESS	160 Village St.	
CITY-ST-ZIP	Birmingham, AL	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn D. Kueffer	
STREET ADDRESS	2065 S. Bayshore Dr., 8th FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP-CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perry Martin	
STREET ADDRESS	255 NW 25 St.	
CITY-ST-ZIP	MIAMI FL	

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]* DATE: *1-17-00* DAYTIME PHONE #: *305/858-2200*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)