

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90220 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **208267**

1. Entity Name

POMPEII FURNITURE CO., INC.



80066745

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8130 NW 74 Ave

Suite, Apt. #, etc.

3. Mailing Address

1801 NO ANDREWS AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MEDLEY FL

City & State

POMPAUO BEACH FL

4. FEI Number

59-0912668

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33069

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID GERSHMAN

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

OLD TRISTE PARTNERS, L.P.

2665 SO. BAYSHORE DR. Ste 800

City

MIAMI

FL

Zip Code

33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DAVID GERSHMAN

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

(NOTE: Registered Agent signature required when reinstating)

3/26/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P
BRUCE R. ALBERTSON
1801 NO ANDREWS AVE
POMPAUO BEACH FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/ST
VINCENT A. TORTORICI, JR.
1801 NO ANDREWS AVE
POMPAUO BEACH FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
MARILYN D. KUFFNER
2665 SO BAYSHORE DR. Ste 800
MIAMI FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARILYN D. KUFFNER, ASST SEC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/03

Daytime Phone #

305-858-2200

CR2E034B (12/02)