FILED
Jun 17, 2002 8:00 am
Secretary of State
04-28-2002 90779 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 348394

1. Entity Name
TIFFANY FURNITURE INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE

93233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6004 E. IRLO BRONSON HWY	6004 E. IRLO BRONSON HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. CLOUD, FL.	City & State: ST. CLOUD FL.
Zip: 34771 Country: U.S.	Zip: 34771 Country: U.S.

4. FEI Number: 59-1265478 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Edward M Salomon III
Street Address (P.O. Box Number is Not Acceptable): 725 N. Magnolia Ave
City: Orlando FL Zip Code: 32803

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: EDWARD M SALOMON III [signature] 6/10/02
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) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRES.
NAME	EDWARD M. SALOMON III
STREET ADDRESS	6004 E. IRLO BRONSON HWY.
CITY-ST-ZIP	ST. CLOUD FL. 34771
TITLE	V.P.
NAME	ADRIENNE, SALOMON
STREET ADDRESS	6004 E. IRLO BRONSON HWY.
CITY-ST-ZIP	ST. CLOUD FL. 34771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: [signature] 4/16/02 407-891-7119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #