

AMENDED

# 2002 UNIFORM BUSINESS REPORT (UBR)

0134255 AT

DOCUMENT # 348394

1. Entity Name  
TIFFANY FURNITURE INDUSTRIES, INC.

FILED  
02 AUG 22 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~6095 OLD MELBOURNE HWY~~

~~6095 OLD MELBOURNE HWY~~

~~SAINT CLOUD FL 34771~~

~~SAINT CLOUD FL 34771~~

~~US~~

~~US~~

2. Principal Place of Business

2620 Riverview Court

3. Mailing Address

2620 Riverview Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

4. FEI Number

59-1265478

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32963

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

~~SALOMON, EDWARD M III~~

~~725 N. MAGNOLIA AVE~~

~~ORLANDO FL 32806~~

## 7. Name and Address of New Registered Agent

Name

Nancy Salomon

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

2620 Riverview Court

City

Vero Beach

FL

Zip Code

32963

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

*Nancy K. Salomon*

Nancy Salomon

8/19/02

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 VP ☒ Delete  
NAME SALOMON, ADRIENNE  
STREET ADDRESS 6004 E. IRLO BRONSON HWY  
CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE P ☒ Delete  
NAME SALOMON, EDWARD M III  
STREET ADDRESS 6004 E. IRLO BRONSON HWY  
CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE VP ☒ Delete  
NAME MILES, DAVID H  
STREET ADDRESS PO BOX 451387  
CITY-ST-ZIP KISSIMMEE FL 34745

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Nancy Salomon  
STREET ADDRESS 2620 Riverview Court  
CITY-ST-ZIP Vero Beach, FL 32963

TITLE VP ☒ Change ☐ Addition  
NAME Nicholas Salomon  
STREET ADDRESS 2620 Riverview Court  
CITY-ST-ZIP Vero Beach, FL 32963

TITLE ST ☐ Change ☒ Addition  
NAME John Salomon  
STREET ADDRESS 8981 S.W. 142 Avenue, Apt. 12211  
CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*Nancy Salomon*

Nancy Salomon, President 8/19/02 561-589-3387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)