

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90087 033 ***150.00

DOCUMENT # 483851

1. Entity Name
THE FURNITURE FACTORY SHOWROOM, INC.

Principal Place of Business

**4501 N. FEDERAL HIGHWAY
 BOCA RATON FL 33431
 US**

Mailing Address

**150 E. BOCA RATON ROAD
 BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

4501 N. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, Florida

4. FEI Number

59-1621117

Applied For

Not Applicable

Zip

Country

Zip

Country

33431

US

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

BROWN, STEVEN B

BROWN'S INTERIOR DESIGN

4501 N. FEDERAL HIGHWAY

BOCA RATON FL 33431

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 **PD** ☐ Delete
 NAME **BROWN, STEVEN B**
 STREET ADDRESS **5802 WINDSOR TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **VD** ☐ Delete
 NAME **BROWN, MURRAY R.**
 STREET ADDRESS **1628 U S HIGHWAY #1**
 CITY-ST-ZIP **JUPITER FL 33410**

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

TITLE **V** ☐ Delete
 NAME **NADLER, PAMELA**
 STREET ADDRESS **4761 NW 28TH WAY**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **V** ☐ Delete
 NAME **ROSS, ROSANN**
 STREET ADDRESS **5049 NW 103 AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

TITLE **S** ☐ Delete
 NAME **BROWN, DANA S.**
 STREET ADDRESS **5802 WINDSOR TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **T** ☐ Delete
 NAME **SABATH, ALLEN**
 STREET ADDRESS **2326 NW 21ST AVE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

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.

SIGNATURE: 

03/08/02

(SGI) 368-2703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)