2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 512376** Jul 13, 2000 8:00 am Secretary of State 1. Entity Name SAM SIMONE UPHOLSTERY, INC. 07-13-2000 90016 008 ***550.00 Principal Place of Business Mailing Address 4408 GEORGIA AVENUE 4408 GEORGIA AVENUE WEST PALM BCH FL 33405 WEST PALM BCH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1690564 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGERON, SANDRA Street Address (P.O. Box Number is Not Acceptable) 7878 \$ LAKE DR WEST PALM BEACH FL 33406 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing A Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees 15 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition Delete SIMONE, ANNA NAME NAME STREET ADDRESS ,7708 NEMEC DR SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33406 PD TITLE ☐ Delete TITLE 🔽 Change Addition BERGERON, SANDRA NAME NAME 7878 S. LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-7IP 34ak TITLE TITLE ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change | ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

☐ Change

☐ Addition