

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90018 018 \*\*\*150.00

**DOCUMENT # 575336**

1. Entity Name

**FURIA PROPERTIES, INC.**

Principal Place of Business 3849 CORAL TREE CIR COCONUT CREEK FL 33073 US	Mailing Address 3849 CORAL TREE CIR COCONUT CREEK FL 33064-7978 US
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00000203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3100 NE 48<sup>TH</sup> COURT</b>	3. Mailing Address <b>3100 NE 48<sup>TH</sup> COURT</b>
Suite, Apt. #, etc. <b>Apt. # 209</b>	Suite, Apt. #, etc. <b>Apt. # 209</b>
City & State <b>Lighthouse Point FL.</b>	City & State <b>Lighthouse Point FL.</b>
Zip <b>33064</b>	Country <b>US</b>

4. FEI Number <b>59-1865448</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FURIA, JOSEPH G.**  
**3849 CORAL TREE CIRCLE**  
**COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name **FURIA, Joseph G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3100 NE 48<sup>TH</sup> COURT Apt. # 209**  
 City **Lighthouse Point** FL Zip Code **33064**

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 Joseph G Furia Pres. **Joseph G. Furia** **01-04-2000**  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FURIA, JOSEPH G.</b> <b>3849 CORAL TREE CIRCLE</b> <b>COCONUT CREEK FL 33073</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FURIA, VASILIKI</b> <b>3849 CORAL TREE CIRCLE</b> <b>COCONUT CREEK FL 33073</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> * <b>3100 NE 48<sup>TH</sup> COURT. Apt. 209</b> <b>Lighthouse Point Fl. 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> * <b>3100 NE 48<sup>TH</sup> COURT. apt 209</b> <b>Lighthouse Point FL. 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> *

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: Joseph G Furia Pres. **01-04-00** **954-725-3752**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #