2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT# 489238 Apr 18, 2001 8:00 am 1. Enity Name Secretary of State Juno Patro Furnishings, Inc. 04-18-2001 90043 050 ***150.00 Principal Place of Business Mailing Address 11785 US Halway 1 6101 N. Federal Hwy. Juno, A 334 Boca Raton, FC AUU51451 there is a district the transfer 2. Principal Place of Business 3. Mailing Address 1 10 是被通 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-202577 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name John C. Bender 6101 N. Federal Hwy. Boca Raton, Fe 33487 Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE TITLE Change Addition ☐ Delete Bender, John C NAME NAME STREET ADDRESS STREET ADDRESS Boea Raton, Fi CITY-ST-7IP CITY-ST-ZIP ■ Addition Bender Icaqueline 6101 N. Federal Huy. ☐ Change NAME STREET ADDRESS STREET ADDRESS Boca Raton, FC 33487 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete Bender, John G. 601 N. Fed Hury Boca Raton, Fe 33481 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition Bender, Jeffrey S. 6101 N. Fed. Hoy NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boea Katon. 33487 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP. 13. Thereby 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 SUDER 4/10/0/ 56/626-1660
Daysine Phone #