2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736198

1. Entity Name

FLORIDA ASSOCIATION OF FURNITURE MANUFACTURERS,

FILED

00 FEB -2 AM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/02/00 90007 036 61.23

Principal Place of Business	Mailing Address
9016 FROUDE AVE. SURFSIDE FL 33154-3216 US	PO BOX 545946 SURFSIDE FL 33154-5946 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1735360 ☐ Applied For ☐ Not Applicable

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
ARGOW, SANDRA 9016 FROUDE AVE. SURFSIDE FL 33154	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAMIS, DAN 4800 N.W. 37TH AVENUE MIAMI FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARTIN, LEO 255 NW 25TH ST MIAMI FL 33127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAURICE, JOAN 521 N.E. 189TH STREET N. MIAMI FL 33179	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY STANLEY FERBER 4401 NW 37th AVENUE MIAMI, FL 33142	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARLIN, ATHENA 1850 N.E. 144TH STREET NORTH MIAMI FL 33181	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. PERRY SOLOMON 7350 NW MIAMI Ct. MIAMI, FL 33138	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KONIGSBERG, NATHAN 1201 S OCEAN DR #701 N HALLANDALE FL 33019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FEDERICI, RALPH 1850 N.E. 144TH STREET N. MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DANIEL KAMIS PRES 1/26/00 305-834-4959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/14