

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90077 001 ****61.25

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1. Entity Name

**FLORIDA ASSOCIATION OF FURNITURE MANUFACTURERS,
INC.**



Principal Place of Business

**9016 FROUDE AVE.
SURFSIDE FL 33154-3216
US**

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KAMIS, DAN**
CITY-ST-ZIP **4800 N.W. 37TH AVENUE
MIAMI FL 33142**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **SOLOMON, PERRY**
CITY-ST-ZIP **540 BRICKELL KEY DR STE: 512
MIAMI, FL 33131**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MARTIN, LEO**
CITY-ST-ZIP **255 NW 25TH ST
MIAMI FL 33127**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **FERBER, STANLEY**
CITY-ST-ZIP **4401 N.W. 37TH AVENUE
MIAMI FL 33142**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY/TREASURER**
STREET ADDRESS **KAMIS, DAN**
CITY-ST-ZIP **4800 N.W. 37TH AVENUE
MIAMI, FL 33142**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SOLOMON, PERRY**
CITY-ST-ZIP **7350 N.W. MIAMI CT
MIAMI FL 32238**

TITLE ☒ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **FERBER, STANLEY**
CITY-ST-ZIP **4401 N.W. 37TH AVENUE
MIAMI, FL 33142**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KONIGSBERG, NATHAN**
CITY-ST-ZIP **1201 S OCEAN DR #701 N
HALLANDALE FL 33019**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FEDERICI, RALPH**
CITY-ST-ZIP **1850 N.E. 144TH STREET
N. MIAMI FL 33181**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **LOPEZ, CAMILO SR.**
CITY-ST-ZIP **4110 LAGUNA STREET
CORAL GABLES, FL 33146**

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

CR2E037 (10/02)