

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90074 040 \*\*\*\*61.25

**DOCUMENT # F00000003674**

1. Entity Name

**FURNITURE REPRESENTATIVES, INC.**

Principal Place of Business

Mailing Address

**811 N.E. 77TH STREET  
 BOCA RATON FL 33487**

**811 N.E. 77TH STREET  
 BOCA RATON FL 33487**

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

**23-7435037**

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

**ANNUNZIATA, LEE  
 811 N.E. 77TH STREET  
 BOCA RATON FL 33487**

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  Delete  
 NAME **CP**  
 STREET ADDRESS **PARISI, BRUCE**  
 CITY-ST-ZIP **350 CANTERBURY COURT**  
**ALAMO CA 94507**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VCV**  
 STREET ADDRESS **ANNUNZIATA, JIM**  
 CITY-ST-ZIP **811 N.E. 77TH STREET**  
**BOCA RATON FL 33487**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **TENNEN, ERIC**  
 CITY-ST-ZIP **200 MT. PLEASANT AVENUE, #K-2**  
**WEST ORANGE NJ 07052**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **PETRI, ROBERT**  
 CITY-ST-ZIP **1201 ROBIN ROAD**  
**MILLVILLE NJ 08332**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AT/S**  
 STREET ADDRESS **ANNUNZIATA, LEE**  
 CITY-ST-ZIP **811 N.E. 77TH STREET**  
**BOCA RATON FL 33487**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: \_\_\_\_\_

*Lee Annunziata* **LEE ANNUNZIATA**

**2/5/02**

**561 988-1780**

CR2E037 (9/01)