


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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90108 010 ****61.25

DOCUMENT # F00000003674

1. Entity Name
FURNITURE REPRESENTATIVES, INC.



Principal Place of Business Mailing Address
811 N.E. 77TH STREET **811 N.E. 77TH STREET**
BOCA RATON FL 33487 **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

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

7. Name and Address of New Registered Agent

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	PARISI, BRUCE	
STREET ADDRESS	350 CANTERBURY COURT	
CITY-ST-ZIP	ALAMO CA 94507	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	ANNUNZIATA, JIM	
STREET ADDRESS	811 N.E. 77TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	TENNEN, ERIC	
STREET ADDRESS	200 MT. PLEASANT AVENUE, #K-2	
CITY-ST-ZIP	WEST ORANGE NJ 07052	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETRIL, ROBERT	
STREET ADDRESS	1201 ROBIN ROAD	
CITY-ST-ZIP	MILLVILLE NJ 08332	
TITLE	AT/S	<input type="checkbox"/> Delete
NAME	ANNUNZIATA, LEE	
STREET ADDRESS	811 N.E. 77TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* SIGNATURE REQUIRED: *Lee Annunziata* 1/6/03 561-241-8797

CR2E037 (10/02)