

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90022 002 ***150.00

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1. Entity Name
INTERNATIONAL FURNITURE SERVICES, INC.



Principal Place of Business
**1749 E. HALLANDALE BEACH BLVD
PMB 132
HALLANDALE FL 33009**

Mailing Address
**1749 E. HALLANDALE BEACH BLVD
PMB 132
HALLANDALE FL 33009**



2. Principal Place of Business

600 THREE ISLANDS B²

Suite, Apt. #, etc.
204B

City & State
HALLANDALE FL

Zip
33009

Country
USA

3. Mailing Address

1835 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.
PMB 132

City & State
HALLANDALE FLORIDA

Zip
33009

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3410631**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SABBAH, GAD R
1749 E. HALLANDALE BEACH BLVD
PMB 132
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **SABBAH, GAD R**
Street Address (P.O. Box Number is Not Acceptable)
1835 E. HALLANDALE BEACH BLVD
PMB 132
City **HALLANDALE FL** Zip Code **33009**

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 **GAD SABBAH** DATE **12-31-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **SABBAH, GAD R**
STREET ADDRESS **1749 E. HALLANDALE BEACH BLVD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **SABBAH, GAD R**
STREET ADDRESS **1835 E. HALLANDALE BEACH BLVD**
CITY-ST-ZIP **PMB 132, HALLANDALE FL 33009**

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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: **GAD SABBAH** DATE **12-31-02** DAYTIME PHONE # **954 455 4176**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)