

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90012 025 ***550.00

DOCUMENT # F96000001618

1. Entity Name

QUATRINE FURNITURE OF FLORIDA, INC. ✓

Principal Place of Business

615 HAWAII AVE
 TORRANCE CA 90503

Mailing Address

615 HAWAII AVE
 TORRANCE CA 90503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3296501

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ELLIS SR, WILLIAM R
13900 STIRLING ROAD
FT LAUDERDALE FL 33330

7. Name and Address of New Registered Agent

Name

Dorothy Ellis

Street Address (P.O. Box Number is Not Acceptable)

648 Deer Run North

City

Palm Harbor

FL

Zip Code

34684

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ELLIS JR, WILLIAM R	
STREET ADDRESS	615 HAWAII AVE	
CITY-ST-ZIP	TORRANCE CA 90503	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLIS, VIRGINIA C	
STREET ADDRESS	615 HAWAII AVE	
CITY-ST-ZIP	TORRANCE CA 90503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM R. ELLIS SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00

Date

Daytime Phone #

CR2E034 (5/00)