## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F9700002094 Feb 28, 2000 8:00 am **Secretary of State** ABC HOME FURNISHINGS, INC. 02-28-2000 90182 044 \*\*\*150.00 Principal Place of Business Mailing Address 888 BROADWAY 888 BROADWAY NEW YORK NY 10003-1280 NEW YORK NY 10003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 13-3276915 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FL 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 DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE COLE, EVAN NAME NAME STREET ADDRESS STREET ADDRESS 38 E. 19TH ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10003 ☐ Change Addition TITLE Delete TITLE NAME COLE, PAULETTE NAME STREET ADDRESS 38 E. 19TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10003 ☐ Delete TITLE Change ☐ Addition NAME WEINRIB, JEROME NAME STREET ADDRESS 888 BROADWAY STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10003** CITY-ST-ZIP TITLE ☐ Change □ Addition Delete TITLE CONEYS, K NAME NAME STREET ADDRESS STREET ADDRESS 888 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10003** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR