

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90026 021 ***550.00

DOCUMENT # F97000004478

1. Entity Name
GOOD VALUE FURNITURE CORPORATION

Principal Place of Business

**6505 GAYHART ST
 COMMERCE CA 90040**

Mailing Address

**6505 GAYHART ST
 COMMERCE CA 90040**

2. Principal Place of Business

2222 DAVIE AVE

3. Mailing Address

2222 DAVIE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Commerce CA

City & State

Commerce CA

4. FEI Number

95-4460666

Applied For

Not Applicable

Zip

Country

90040 USA

Zip

Country

90040 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NU, STEPHANIE

**1100 NW 159TH DRIVE
 MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

FONG, JAMES

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

1100 NW 159TH DRIVE

City

MIAMI

FL

Zip Code

33161

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

James Fong

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 12, 2001 Fee 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 **CD** ☒ Delete
 NAME **KU, DEBBY**
 STREET ADDRESS **6505 GAYHART ST**
 CITY-ST-ZIP **COMMERCE CA 90040**

TITLE **VD** ☐ Delete
 NAME **WEBB, PO YUN**
 STREET ADDRESS **6505 GAYHART ST**
 CITY-ST-ZIP **COMMERCE CA 90040**

TITLE **DST** ☒ Delete
 NAME **LIN, SUSAN**
 STREET ADDRESS **6505 GAYHART ST**
 CITY-ST-ZIP **COMMERCE CA 90040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/01

Date

(323) 888-9800

Daytime Phone #

CR2E034 (5/01)