

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005982

1. Entity Name

NULAB FURNITURE CORP.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90087 046 \*\*\*150.00

Principal Place of Business

Mailing Address

11 FEDERAL RD  
 ENGLISHTOWN NJ 07726

11 FEDERAL RD  
 ENGLISHTOWN NJ 08831-9007

2. Principal Place of Business

11 Federal Road  
 Suite, Apt. #, etc.

3. Mailing Address

11 Federal Road  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Monroe Twp, NJ

City & State

Monroe Twp, NJ

4. FEI Number

22-3004290

Applied For

Not Applicable

Zip

08831

Country

USA

Zip

08831

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, WILLIAM ESQ.  
 105 SO. NARCISSUS AVE., SUITE 507  
 WEST PALM BEACH FL 33401

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CT ☐ Delete  
 NAME DITRINGO, FRANCINE  
 STREET ADDRESS 3 ECHO LANE  
 CITY-ST-ZIP EAST BRUNSWICK NJ 08816

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

TITLE P ☐ Delete  
 NAME DITRINGO, ANTHONY  
 STREET ADDRESS 3 ECHO LANE  
 CITY-ST-ZIP EAST BRUNSWICK NJ 08816

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Francine Ditringo Francine Ditringo 4-28-00 (732) 793-0050