

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90003 008 ***550.00

012025 AT

DOCUMENT # F98000005982

1. Entity Name
NULAB FURNITURE CORP.

Principal Place of Business

11 FEDERAL RD
JAMESBURG NJ 08831
US

Mailing Address

11 FEDERAL RD
JAMESBURG NJ 08831
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11 Federal Road

3. Mailing Address

11 Federal Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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

7. Name and Address of New Registered Agent

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 \$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	CT	<input type="checkbox"/> Delete
NAME	DITRINO, FRANCINE	
STREET ADDRESS	3 ECHO LANE	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	
TITLE	P	<input type="checkbox"/> Delete
NAME	DITRINO, ANTHONY	
STREET ADDRESS	3 ECHO LANE	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	
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: *Francine DiTringo* 7-30-01 792-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)