

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90237 001 \*\*\*\*61.25  
05-20-2002 90237 002 \*\*\*150.00

DOCUMENT # **H33270**  
1. Entity Name  
**COMMERCIAL OFFICE FURNITURE OF SOUTH FLORIDA, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4231 N. DIXIE HWY**  
3. Mailing Address  
**SAME**

DO NOT WRITE IN THIS SPACE

City & State  
**OAKLAND PARK, FL**  
City & State  
**33334**  
4. FEI Number  
**59-2507217**  
Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**Giglio, ROSE**  
Street Address (P.O. Box Number is Not Acceptable)  
**4231 N. DIXIE HWY**  
City  
**OAKLAND PARK** **FL** Zip Code  
**33334**

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)

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

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSD GIGLIO, ROSE 81 N.W. 47 CT. FT LAUDERDALE, FL 33309</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rose Giglio** Date: **4/29/02** Daytime Phone #: **954-972-3375**

CR2E034B (12/01)