

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

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90088 011 \*\*\*150.00

**DOCUMENT #** K66719  
1. Entity Name  
**DBT FURNITURE CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7431 W. Sample Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**7431 W. Sample Road**  
Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State  
**Coral Sprins, FL**

City & State  
**Coral Springs, FL**

4. FEI Number  
**59-2947928**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip  
**33065**

Country  
**USA**

Zip  
**33065**

Country  
**USA**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Robin Ullian**

Street Address (P.O. Box Number is Not Acceptable)  
**19101 Mystic Pointe Drive**

Suite  
**2412**

City  
**Aventura**

FL

Zip Code  
**33180**

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 *Robin Ullian, President* **2/21/02**  
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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>DPS</b> <b>Ullian, Robin</b> <b>19101 Mystic Pointe Dr., #2412</b> <b>Aventura, FL 33180</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robin Ullian, President* **2/21/02** **567165119**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Robin Ullian*

CR2E034B (12/01)