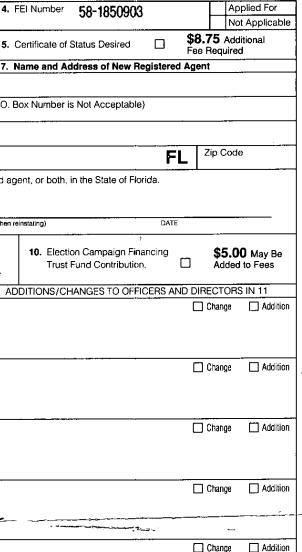
2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L00641** 1. Entity Name ABRAHAM FURNITURE CORP. Mailing Address Principal Place of Business % MIGUEL ABRAHAM % MIGUEL ABRAHAM 248 W. 29TH STREET 248 W. 29TH STREET HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 58-1850903 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name ABRAHAM, MIGUEL A Street Address (P.O. Box Number is Not Acceptable) 3725 S. OCEAN DR. #414 #308 HOLLYWOOD FL 33019 City FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. STD ☐ Delete TITI F TITLE ABRAHAM, MIGUEL A. NAME NAME STREET ADDRESS STREET ADDRESS 3725 S. OCEAN DR. #414 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE TITLE ABRAHAM, MIGUEL A. NAME NAME STREET ADDRESS STREET ADDRESS 3725 S. OCEAN DR #414

FILED Mar 06, 2001 8:00 am Secretary of State

03-06-2001 90304 010 ***150.00



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.

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NAME STREET ADDRESS HOLLYWOOD FL

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition