## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000025310

1. Entity Name

WORLD CLASS FURNITURE, L.L.C.



**FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90108 047 \*\*\*\*50.00

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Principal Plac	ce of Business		Mailing Address						£	.1	
TURNBERRY PLAZA. SUITE 801 2875 N.E. 191ST STREET AVENTURA FL 33180		2	TURNBERRY PLAZA. SUITE 801 2875 N.E. 191ST STREET AVENTURA FL 33180			,		200	₩ <b>G T</b> O	J	
15 721	Place of Business W. 1911/12 H16H		YZI W- DIKIE MIGH WAY.								
Suite, Apt.	# 2	Suite, Apt. #, etc.	BAY # 2			☐ CHECK HERE IF MAKING CHANGES					
City & State	MINTY BEACH	, , -	City & State North MIAMY		<i>f1</i>	4. FEI Nun 57-	1ber 2076861			pplied For ot Applicable	
Zip 331(			<sup>Zip</sup> 33162	Country U.S.A		5. Certifica	ate of Status Desired	11 *	5.00 Ad ee Require		
	6_Name and Address	of.Current.Reg	istered Agent	Namo	<del></del>	7Name a	nd Address of New Reg	stered Ac	jent	<u></u>	
SER	BER, DANIEL J ESQ.			IValli	Natio						
TUR	NBERRY PLAZA, SUITE	801		Stree	Street Address (P.O. Box Number is Not Acceptable)						
2875 N.E. 191ST STREET											
AVENTURA FL 33180						·					
				City				FL	Zip Cod	le	
	named entity submits this s	tatement for the	e purpose of changing its	registered office	or register	ed agent, or b	ooth, in the State of Florid	a. I am fai	miliar with,	and accept	
the obligat	ions of registered agent.										
SIGNATURE .							. 1100				
	Signature, typed or printed name of re	igistered agent and til	tie if applicable. (NOTE	E: Registered Agent sig	nature required	when reinstating)	Γ .	DATE			
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			Make Check Payabl		•	nt of State					
				By May 1, 20	)U3 						
9.		NG MEMBERS/		10.	1 .		ADDITIONS/CH	IANGES			
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	ortify that the information	noticed with this	filing does not awall for			-11 420 0=1-	WA TILLI COLOR				
indicated	ertify that the information su on this report is true and accollity company or the receipe	curate and that	my signature shall have t	he same legal ef	lect as if ma	ade under oa	th: that I am a managing	mer certify member o	that the ir or manage	ntormation r of the	