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

Country

2875 NE 191ST STREET

TURNBERRY PLAZA, STE. 801



**FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90108 048 \*\*\*\*50.00

OCUMENT # L02000025314	
URNITURE STUDIOS, L.L.C.	

. Entity Name		
FURNITURE STUDIOS, L.L.C.		
Principal Place of Business	Mailing Address	<u>-</u>

AVENTURA FL 33180 **AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address 5421 W. DIXIE HIGHWA 5421 W. DHIE HOWA Suite, Apt. #, etc.

2875 NE 191ST STREET

TURNBERRY PLAZA. STE. 801

Suite, Apt. #, etc. BAY #2 BA4#2 City & State City & State NORH MIAMI BEACH FI NORTH MIAMI BEACH

☐ CHECK HERE IF MAKING CHANGES

Applied For 54-2077370 Not Applicable

\$5.00 Additional 5. Certificate of Status Desired Fee Required

3162 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERBER, DANIEL J Street Address (P.O. Box Number is Not Acceptable) **2875 NE 191ST STREET** TURNBERRY PLAZA, STE. 801 AVENTURA FL 33180 City Zip Code

Country

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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

			,a, 1, 200					
9.	MANAGING MEMBERS/MANAGERS		MANAGERS 10. A		ADD	ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MOR	_	1	Change	Addition
NAME	Suliansky, Benjamin		NAME	SULIANSKY	J, BEN	JAMIN		_
STREET ADDRESS	2875 NE 191ST STREET, STE. 801		STREET ADDRESS	SULIANSKY 15421 W	Dir	IE IHGHU	UA_5	}`
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP	N. MIAMI B	ENCH.	FL 331	62	}
TITLE		☐ Delete	TITLE	MER	,		☐ Change	Addition
NAME			NAME	SULIANSK	Y CA	rLOS.		, ,
STREET ADDRESS			STREET ADDRESS	SULIANSK 15421 W.	DIXIE H	p.6HW&Y.		ľ
CITY-ST-ZIP			CITY-ST-ZIP	N_MIARI B	EACH ,	F/. 3316	2	
TITLE		☐ Delete	TITLE	M 6 12	•		☐ Change	Addition
NAME			NAME	Buitas60.	MANU	iel.		
STREET ADDRESS		:	STREET ADDRESS	Bultas 60.	BIXIE 1	1.6HUAT		
CITY-ST-ZIP			CITY-ST-ZIP	N. MIAMI A	Beach,	H. 3316	2	
TITLE		☐ Delete	TITLE	MOK.			☐ Change	Addition
NAME			NAME	15451 M.	fore W	AMA	_ ,	
STREET ADDRESS			STREET ADDRESS	15421 W.	BIXIE H	16h way		1
CITY-ST-ZIP			CITY-ST-ZIP	N. MIAMI B	seach , f	33162		
TITLE		☐ Delete	TITLE	MEMBER WORLD CLASS 15421 W. D		•	☐ Change	Addition
NAME		•	NAME	WORLD CLAS.	STURM	INNE, UC		- \
STREET ADDRESS			STREET ADDRESS	15421 W. D	IHE H	MOHWAY		
C!TY-ST-ZIP				N. HiAmi BO	ench, T	工 33/62	_	
TITLE		☐ Delete		MEMBER			☐ Change	Addition
NAME			NAME	ARTESAN GI 15421 W. D	coup, L	ic		}
STREET ADDRESS			STREET ADDRESS	15421 W. D	iTTE /	16/twas		
CITY-ST-ZIP			CITY-ST-ZIP	N. HIAMI B	EACH 3	F7_ 33/60		1

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or/trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 🗻 SIGNATURE AND TYPED/OR P

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE