

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000001624

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

**Entity Name:** INTERNATIONAL FURNITURE WHOLESALERS, L.L.C.

**Current Principal Place of Business:**

1600 S FEDERAL HWY  
SUITE 651  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

1600 S FEDERAL HWY  
SUITE 651  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 13-4087230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMON, MICHAEL W ESQ  
4800 N FEDERAL HWY  
SUITE 100D  
POMPANO BEACH, FL 33431 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GARCIA, ANTHONY  
Address: 1600 S FEDERAL HWY SUITE 651  
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR ( ) Delete  
Name: ST. CYR, DAN  
Address: ROYAL ROSE CT  
City-St-Zip: MISSISSAUGA ONTARIO CANADA, 15V1H4

Title: MGR ( ) Delete  
Name: JOHNSON, ROBERT  
Address: 39-04 213TH ST  
City-St-Zip: BAYSIDE, NY 11361

Title: MGR ( ) Delete  
Name: SLOVER, KEVIN  
Address: PMB 367 1500A LAFAYETTE RD  
City-St-Zip: PORTMOUTH, NH 03801

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: JOHNSON, ROBERT  
Address: 5326 NW 66TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR (X) Change ( ) Addition  
Name: SLOVER, KEVIN  
Address: 101 GOS PARK RD  
City-St-Zip: PORTMOUTH, NH 03801

Title: MGR ( ) Change (X) Addition  
Name: GALANG, JOE  
Address: 1600 S FEDERAL HWY #651  
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOE GALANG

MGR

04/26/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date