

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90163 024 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Loft Furniture, Inc

PO00000022021

NIC
FLD
10/10/00
24M

Principal Place of Business

Mailing Address

A0066977

2. Principal Place of Business

3. Mailing Address

19701 E country club dr. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301

DO NOT WRITE IN THIS SPACE

City & State
Aventura, FL

City & State

4. FEI Number

65-1016545

Applied For

Not Applicable

Zip
33180

Country
U.S.A

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Juan Carlos Arias

Street Address (P.O. Box Number is Not Acceptable)

19701 E country club dr. # 301

City Aventura

FL 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

J. Arias

Signature of current registered agent and file if applicable.

(NOTE: Registered Agent signature required when addressing)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPTS	JUAN CARLOS ARIAS	19701 E country club dr. # 301	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Aventura, FL 33180	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

J. Arias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP210034-04/1/00