

# 2002 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90054 026 \*\*\*150.00

<b>DOCUMENT # P00000033881</b>															
1. Entity Name <b>SOFA - ART INC</b>															
Principal Place of Business <b>3625 S.W. 30TH AVE. FT. LAUDERDALE FL 33312-6709</b>		Mailing Address <b>3625 S.W. 30TH AVE. FT. LAUDERDALE FL 33312-6709</b>													
2. Principal Place of Business		3. Mailing Address													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State		City & State													
Zip	Country	Zip	Country												
4. FEI Number		APPLIED FOR <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent															
<b>MC NAUGHTON, PATRICIA H</b> <b>12206 NW 48 DR.</b> <b>CORAL SPRINGS FL 33076</b>															
7. Name and Address of New Registered Agent															
Name															
Street Address (P.O. Box Number is Not Acceptable)															
City															
<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>															
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>													
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>													
11. OFFICERS AND DIRECTORS															
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 11															
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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: <u><i>Patricia H. McNaughton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>															
Date: <u>2/11/02</u> (954) 581-7197 <small>Date Daytime Phone #</small>															

CR2E034 (9/01)

Attachment 18812 #P00000633881

Form **SS-4**  
(Rev. April 1991)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN

OMB No. 1545-0047  
Expires 4-30-91

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) <b>SOFA - ART INC.</b>		3 Executor, trustee, "care of" name	
	2 Trade name of business, if different from name in line 1		5a Address of business (See instructions.)	
	4a Mailing address (street address) (room, apt., or suite no.) <b>3625 SW 30TH AVE BLD 1</b>		5b City, state, and ZIP code	
	4b City, state, and ZIP code <b>FT. LAUDERDALE FL 33312</b>			
	6 County and state where principal business is located <b>BROWARD FLORIDA</b>			
	7 Name of principal officer, grantor, or general partner (See instructions.) <b>PATRICIA H McNAUGHTON</b>			
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Individual SSN <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Other (specify) <b>CORPORATION (WHOLESALE FURNITURE)</b>		<input type="checkbox"/> Estate <input type="checkbox"/> Plan administrator SSN <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Federal government/military <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church controlled organization If nonprofit organization enter GEN (if applicable)	
8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated		State <b>FLORIDA</b>		
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) <input type="checkbox"/> Banking purpose (specify) <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Changed type of organization (specify) <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) <input type="checkbox"/> Other (specify)		
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>3/30/2000</b>		11 Enter closing month of accounting year. (See instructions.) <b>DEC 31</b>		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) <b>N/A</b>				
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." <b>0</b>		Nonagricultural <input type="checkbox"/> Agricultural <input type="checkbox"/> Household <input type="checkbox"/>		
14 Principal activity (See instructions.) <b>FURNITURE</b>				
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Other (specify) <b>DESIGN TRADE WHOLESALE</b> <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A				
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application. True name <b>SLEEPER MAKERS INC</b> Trade name				
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) <b>1/8/80</b> City and state where filed <b>TALLAHASSEE FLORIDA</b> Previous EIN <b>59 2032922</b>				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Telephone number (include area code)				
Name and title (Please type or print clearly.) <b>PATRICIA H McNAUGHTON PRES. (954) 581-7197</b>				
Signature <b>Patricia H McNaughton</b> Date <b>3/13/02</b>				
Note: Do not write below this line. For official use only.				
Please leave blank				