

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047683

1. Entity Name

FLORIDA CONTRACT FURNISHINGS, INC.

4/2

**FILED**  
Jun 04, 2001 8:00 am  
Secretary of State

04-24-2001 90334 028 \*\*\*150.00

Principal Place of Business

2436 N. FEDERAL HIGHWAY, #344  
LIGHTHOUSE POINT FL 33064

Mailing Address

2436 N. FEDERAL HIGHWAY, #344  
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

2522 N. ANDREWS AVE. EXT. 2522 N. ANDREWS AVE. EXT.

3. Mailing Address

2522 N. ANDREWS AVE. EXT. 2522 N. ANDREWS AVE. EXT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip  
33064

Country

City & State

POMPANO BEACH FL

Zip  
33064

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEYS, NEAL  
1911 NE 172 STREET  
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

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

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KEYS, NEAL	
STREET ADDRESS	1911 NE 172 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLAZIER, INA	
STREET ADDRESS	2436 N. FEDERAL HIGHWAY, #344	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	see new address
TITLE	D	<input type="checkbox"/> Delete
NAME	VAZ, KAREN	
STREET ADDRESS	2436 N. FEDERAL HIGHWAY, #344	see new address
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2522 N. ANDREWS AVE EXTENSION	
STREET ADDRESS	POMPANO BEACH FL 33064	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2522 N. ANDREWS AVE EXTENSION	
STREET ADDRESS	POMPANO BEACH FL 33064	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREL VAZ

4-11-01

954-968-0100

Date

Daytime Phone #

CR2E034 (10/00)