## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 16, 2002 8:00 am Secretary of State DOCUMENT # P00000069714 1. Entity Name 05-16-2002 90090 007 \*\*\*158.75 UNIVERSAL OFFICE FURNITURE, INC. Principal Place of Business Mailing Address 3301 NW 47TH TERR 3301 NW 47TH TERR 360744 STE 217 STE 217 FT LAUDERDAEL FL 33319 FT LAUDERDAEL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1087311 Not Applicable -- Zip Zip Country' \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name URBANO, PATRICIA C Street Address (P.O. Box Number is Not Acceptable) 3301 NW 47TH TERR **STE 217** FT LAUDERDAEL FL 33319 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President + Director, Leo Schange TITLE ☐ Delete CR2E034 (9/01) NAME FRESSOLA, THEODORE S NAME STREET ADDRESS 3301 NW 47TH TERR., STE 217 STREET ADDRESS CITY-ST-ZIP FT LAUDERDAEL FL 33319 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME URBANO, PATRICIA C NAME STREET ADDRESS 3301 NW 47TH TERR., STE 217 STREET ADDRESS CITY-ST-ZIP. FT LAUDERDAEL FL 33319 CITY.-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED