FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-11-2003 90060 016 ***150.00
P00000072294

DOCUMENT # P00000072294

1. Entity Name: Bonnie's Furniture Exchange Inc
84 E. McNab Rd.

FILED
03 JUN 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
84 E. McNab Rd	84 E. McNab Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, Fl.	City & State: Pompano Beach, Fl.
Zip: 33060 Country: USA	Zip: 33060 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1032108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Bonnie Lassner

Street Address (P.O. Box Number is Not Acceptable): 84 E. McNab Rd.

City: Pompano Beach FL Zip Code: 33060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Bonnies Furniture Bonnie Lassner Director
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Bonnie Lassner
STREET ADDRESS	84 E. McNab Rd.
CITY-ST-ZIP	Pompano Beach, Fl 33060
TITLE	Director
NAME	Adeline Baumhor
STREET ADDRESS	84 E. McNab Rd.
CITY-ST-ZIP	Pompano Beach, Fl. 33060
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Lassner Director 6/5/03 561-302-6686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bonnies Furniture