2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P0000076271  1. Entity Name OFF MAIN FURNITURE, INC.							FILED May 01, 2001 08:00 AM Secretary of State					
Principal Place		·	Mailing Address									
CORAL SPRINGS	s	FL	CORAL SPRINGS 33071		FL							
2. Principal Pla	ice of Business		3. Mailing Address			<del></del> :						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				FEI Number 5-1031455			——————————————————————————————————————	pplied For	Ì
Zip	Countr	у	Zip	Coun	itry	-	Certificate of St			\$8.75 A		-
	6. Name and Add	ress of Current Re	gistered Agent		1	7.	Name and Add	ress of New R	egistered	Fee Requir	ed	4
VALDES-FAI				-	Name				ogiotoi cu	Agent		1
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST					Street Ad	ddress (P.O. I	Box Number is N	Not Acceptable	)		<u></u> -	-
WEST PALM 33401	BEACH	FL									-	
33401	0.5				City				FL	Zip Co	de	1
SIGNATURES	ignature, typed or printed na	me of registered agent and issy its Intangible	FILE NOW!	Registere	d Agent signat.	re required when	reinstating)	ı Campaign Fir	05/01 DATE	<u>/2001</u>	00 May Be	
(See criteria	quirement and elects a on back)	to do so.	After MAY 1, 20 Make Check Payab					and Contribution	~	☐ Adde	ed to Fees	
11.		OFFICERS AND DI	RECTORS	12.		A	DDITIONS/CHA	NGES TO OFF	ICERS AN	D DIRECTOR	RS IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete			D TIDWELL 380 SE MIZ BOCA RA	ZNER BLVD. #1		FL	☐ Change 33432	X Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		-	D VALDES 3221 S. OC HIGHLAN	LAURA EAN BLVD. #80 D BEACH	<b>P</b>	FL	☐ Change 33487	X Addition	ᅴ띴
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		_	P VALDES 3221 S. OC HIGHLAN	ALBERTO EAN BLVD #80 D BEACH		FL	☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	e et address -st-zip					☐ Change	☐ Addition	
of the corpo	oration or the receive or on an attachment v	r or trustee empowe	is filing does not qualify for ue and accurate and that ne ered to execute this report n all other like empowered.			ave the same pter 607, Flor	iegai effect as i ida Statutes; an					

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR