2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 AM
Secretary of State

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Entity Name: OFF MAIN FURNITURE, INC.

Current Principal Place of Business:

4667 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

4667 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-1031455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VALDES, ALBERTO A
Address: 3221 S. OCEAN BLVD #807
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: D ( ) Delete
Name: VALDES, LAURA P
Address: 3221 S. OCEAN BLVD. #807
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: D ( ) Delete
Name: TIDWELL, GERALD
Address: 380 SE MIZNER BLVD. #1702
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO A. VALDES P 04/11/2002

Electronic Signature of Signing Officer or Director Date