

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90184 002 ***150.00

DOCUMENT # P00000076271

1. Entity Name
OFF MAIN FURNITURE, INC.



Principal Place of Business
4667 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Mailing Address
4667 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

2. Principal Place of Business
3942 Northlake Blvd.
Suite, Apt. #, etc.

3. Mailing Address
3942 Northlake Blvd.
Suite, Apt. #, etc.
P.O. Box 530189

City & State
Palm Beach Gardens, FL
Zip 33403
Country Palm beach

City & State
Palm Beach Gardens, FL
Zip 33403
Country Palm beach

4. FEI Number 65-1031455

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VALDES, ALBERTO A	
STREET ADDRESS	3221 S. OCEAN BLVD #807	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDES, LAURA P	
STREET ADDRESS	3221 S. OCEAN BLVD. #807	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIDWELL, GERALD	
STREET ADDRESS	380 SE MIZNER BLVD. #1702	
CITY-ST-ZIP	BOCA RATON FL 33432	
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		

11. 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alberto A. Valdes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/13/03

Daytime Phone # 381-622-8719

CR2E034 (10/02)