

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90675 001 ***150.00

DOCUMENT # P00000078086

1. Entity Name
ANSIN BLVD. CUSTOM UPHOLSTERY, INC.

Principal Place of Business
470 ANSIN BLVD.
SUITE K
HALLANDALE FL 33009

Mailing Address
470 ANSIN BLVD.
SUITE K
HALLANDALE FL 33009

2. Principal Place of Business
317 ANSIN Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
317 ANSIN Blvd.
 Suite, Apt. #, etc.

City & State
Hallandale FL
Zip
33009
Country
USA

City & State
Hallandale FL
Zip
33009
Country
USA
Broward

4. FEI Number **65-1032532**

Applied For
Not Applicable

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

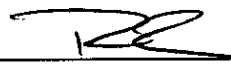
6. Name and Address of Current Registered Agent

MCGONIGLE, JAMES T
6221 BANYAN TERRACE
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name **James T McGonigle**
Street Address (P.O. Box Number is Not Acceptable)
6221 Banyan Terr
City **Plantation** **FL** **Zip Code** **33317**

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)

4/26/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **TABER, RONALD**
STREET ADDRESS **470 ANSIN BLVD. SUITE K**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ **Delete**
NAME **Ronald Taber**
STREET ADDRESS **317 Ansin Blvd.**
CITY-ST-ZIP **Hallandale FL 33009**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 **954/488/1954**
Date **Daytime Phone #**

CR2E034 (9/01)