305 758.3693

04-16-01 Date

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P00000115555 - • 1. Entity Name ANCHOR QUALITY UPHOLTERY, CORP. 05-02-2001 90175 046 ***158.75 ANCHOR QUALITY UPHQLSTERY, CORP. Principal Place of Business Mailing Address ONE BISCAYNE TOWER. SUITE 2975 ONE BISCAYNE TOWER. SUITE 2975 TWO SOUTH BISCAYNE BOULEVARD TWO SOUTH BISCAYNE BOULEVARD MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 916 N.E. 79th Street same as # 2 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number | 65-1064015 Applied For Miami, Miami,FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{x} 33138 33138 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACDANIEL, JOHN M Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER, SUITE 2975 TWO SOUTH BISCAYNE BOULEVARD MIAMI FL 33131 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE ☐ Delete TITLE P NAME Roberto Cisneros STREET ADDRESS STREET ADDRESS 955 N.E. 78th Street CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33138 TITLE VΡ ☐ Change Addition TITLE Delete NAME NAME Jose Quintal STREET ADDRESS STREET ADDRESS 7843 N.E.10th Ave. # CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33138</u> TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR