

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90430 024 ***158.75

DOCUMENT # P01000019350

1. Entity Name
PARK FURNITURE OF THE PALM BEACHES, INC.



Principal Place of Business

2428 BROADWAY

RIVIERA BEACH FL 33404

Mailing Address

2428 BROADWAY

RIVIERA BEACH FL 33404

2. Principal Place of Business

2230 JOG Road

Suite, Apt. #, etc.

3. Mailing Address

2230 JOG Road

Suite, Apt. #, etc.

City & State

GREENACRES CITY, FLA.

City & State

GREENACRES City, FLA

Zip

Country

33415

Zip

Country

33415

4. FEI Number

65-1093041

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISASI, GABRIEL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2230 JOG Road

City

GREENACRES

FL

Zip Code

33415

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gabriel Isasi

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D/President** ☐ Delete

NAME **ISASI, GABRIEL**

STREET ADDRESS **2230 JOG ROAD**

CITY-ST-ZIP **Greenacres city FL 33415** ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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CR2E034 (10/02)

0377266 AV

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

561-966-9966

Date

Daytime Phone #