

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

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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

3. Mailing Address
2230 JOG Road

Suite, Apt. #, etc.

City & State
GREENACRES CITY, FLA.

City & State
GREENACRES CITY, FLA.

Zip
33415

Country

Zip
33415

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ISASI, GABRIEL

4. FEI Number **65-1093041**

Applied For
 Not Applicable

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

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	<input type="checkbox"/> Delete
NAME ISASI, GABRIEL	
STREET ADDRESS 2230 JOG ROAD	
CITY-ST-ZIP GREENACRES CITY FL 33415	
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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gabriel Isasi* **SIGNATURE REQUIRED** **1/9/03** **561-966-9966**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)