FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

FILED Apr 23, 2002 8:00 am Secretary of State

04-23-2002 90426 042 ***150.00

Tom's Furnitu	re Repair	+ More-	Įυ¢.			
DO NOT WRITE IN THIS SPACE				637069		
2. Principal Place of Business ONDER OF THE	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State	City & State		4.	4. FEI Nymber Applied For		
Zip Country Country	Zip	Zip Country		Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
55909 0.5.		1		Fee Re	quired	
DO NOT WRITE			$\overline{\cup}$	mas M. Reisingen		
IN THIS SPACE			PS (P.O.	Box Number is NotrAcceptable)		
IN THIS SPACE						
		City	\bigcirc	(Org.) FL Zip.	504000	
8. The above named entity submits this statement for	or the purpose of changing its r	egistered office or reg	stered ag		30 N	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable (NOTE)	Registered Agent signature rei	autrad whee	4202		
	January 4 - 14.	ay 1 Fee is \$150.00		einstating) DATE		
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 	l, Fee is \$550.00 UBR is \$61.25	•		5.00 May Be dded to Fees		
11. OFFICERS AND	Make Check Payable DIRECTORS	e to Department or	State			
TILL President		TITLE			£	
NAME Thomas M. P. STREET ADDRESS 200 CO. C.	elsinger	NAME STREET ADDRESS			57	
CITY-ST-ZIP COOR CENCEL F	£ 33909	CITY-ST-ZIP		·	25 B	
TITLE		TITLE				
NAME Street address		NAME STREET ADDRESS			18	
CITY-ST-ZIP		CiTY-ST-ZIP				
TITLE		TITLE				
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP		DO NOT WRITE		
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TITLE		TITLE				
NAME		NAME		•	1	
STREET ADDRESS		STREET ADDRESS			1	
CITY-ST-ZIP	Alain Biling along a control of	CITY-ST-ZIP				
13. I hereby certify that the information supplied with indicated on this report or supplemental report in	uns ming does not qualify for th	ne exemption stated in	Section 1	119.07(3)(i), Florida Statutes. I further certify that th	ie information	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF FIGURE OF DIRECTOR

4/9/02/94D/M-03/0