

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90016 025 ***150.00

DOCUMENT # P01000020890

1. Entity Name

CASAMIA FURNITURE, INC.

Principal Place of Business

3440 HOLLYWOOD BLVD SUITE 360
HOLLYWOOD FL 33021

Mailing Address

3440 HOLLYWOOD BLVD SUITE 360
HOLLYWOOD FL 33021

2. Principal Place of Business

1986 NE 149TH STREET

3. Mailing Address

1986 N.E. 149TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33181

Country

US

Zip

33181

Country

US

4. FEI Number

65-1082091

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ

3440 HOLLYWOOD BLVD SUITE 360
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOULANGER, MANON	
STREET ADDRESS	3440 HOLLYWOOD BLVD SUITE 360	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOULANGER, LAURIS	
STREET ADDRESS	3440 HOLLYWOOD BLVD SUITE 360	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOULANGER, DIANE	
STREET ADDRESS	3440 HOLLYWOOD BLVD SUITE 360	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOULANGER, LORRIS	
STREET ADDRESS	3440 HOLLYWOOD BLVD SUITE 360	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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
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

4-23-02 305-940-0106

Date

Daytime Phone #

CR2E034 (9/01)