2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

Jul 22, 2002 8:00 am Secrétary of State P01000036228 DOCUMENT # 1. Entity Name 05-16-2002 90064 025 ***150.00 VICTORIA'S FURNITURE INC. Principal Place of Business Mailing Address ODUCO 7439 W. SAMPLE RD. 7439 W. SAMPLE RD. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-149875 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELISA PINEDA WIG. WALDINA H Street Address (P.O. Box Number is Not Acceptable) 940 HARBOR INN DRIVE CORAL SPRINGS FL 33071 CITAM ARAC 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of SIGNATURE od or printed name of registered agent and title if applicable ADTY Registrate and the registered when reinstating) FILE NOW!!! FEE IS \$550.60 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. 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 Change : PD ☐ Delete TITLE TITLE NAME PINEDA, JOSE I NAME NW 18th PLACE ノスフスフ STREET ADDRESS 940 HARBOR INN DRIVE STREET ADDRESS 3307/ CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE SD ☐ Delete TITLE NAME PINEDA, IVAN A NAME 590 JADE DAIVE STREET ADDRESS 940 HARBOR INN DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE -Addition Defete De TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the filling 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 became 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

MEUDINED

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June_27, 2002

VICTORIA'S FURNITURE INC. 940 HARBOR INN DRIVE CORAL SPRINGS, FL 33071

SUBJECT: YIGTORIA'S FURNITURE INC.

Ref. Number: P01000036228

We have received your document for VICTORIA'S FURNITURE INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please list the title(s) of each officer in your document.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 202A00041132

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CMA eNH 5/16/2002-90064-025-\$150.00-\$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# PO1000036228 1. Ensity Name VIC TORTAS FUTNITURE TORE							
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8. The abov	o named entity submits this statement for	the purpose of changing its	recuster	· · · · · ·	ed aggent, or both, in the Star	FL	247 (1078
The above named entity submits this statement for the purpose of energing its registered oftion or registered agent, or both, in the State of Florida. SIGNATURE Signal, speed or bitted connect registered open and the 3 specialists. DIGHE Registered Agent disposes institute into measuring. ONTE							
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13. I hereby certify that the information supplied with this filting does not qualify for the examption stated in Section 119.07(3)(6). Floride Statutes, I further certify that the information indicated on this report or supplemental report to true and occurrance and that my alignature shall have the same length effect as if mind under each test is man effect or discour of the receiver or visual engagemental to exacuse this report as required by Chapter 507. Floride Statutes; and that my rame appears in Block 11 or on the attachment with an acturests, with all global or disreported.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAVE OF GRAND OFFICER ON DESCRIPTION CO. DOCUMENT ON DESCRIPTION OF D							

Affachner 8 39083

VICTORIAS FURNITURE INC 7439 W SAMPLE ROAD CIRAK SORUBGS, FL 33065

July 12, 2002

Florida division of Corporations

- P.O. box 1500-

Tallahassee, FL 32302-1500

Reference/No. P01000036228

Dear Sir or Madam:

In regards to your correspondence of June 27 attached you will find the new registered agent as well as some address changes for the officers. I decided to use the preprinted form to make the corrections but attached is also the one that I previously sent to you.

I trust that any late fee is now avoided since a response was given within the 30 day period.

Sincerely yours, Victoria's Furniture, Inc.

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