2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33172

8755 NORTHWEST 35TH LANE

P01000077283 **DOCUMENT #**

1. Entity Name

MIAMI FL 33172

Principal Place of Business

8755 NORTHWEST 35TH LANE

FURNITURE AMERICA CORPORATION

FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90155 028 ***150.00

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	lace of Business	3. Mailing Address			FI ANDTE NAVEL INNER IN AND IN SERVE EN AND THE INNE		
19600 S. Dixre Hwy P.O. Box 920 Suite Apt. #, etc. Suite Apt. #, etc.			120588				
		Suite, Apt. #, etc.	,	☐ CHECK HERE	IF MAKING CHANGES		
Culter Ridge, FL City & State City & State				4. FEI Number	' Applied For		
ony a one.	-	Miami, F		65-1129545	Not Applicable		
Zip	Country	Zip	Country	S. Certificate of Status Desired	. \$8.75 Additional		
33157		33191-0588	<u> Miami - Dao</u>	Ce	Fee Required		
	6. Name and Address of Current F	Registered Agent	Nome	7. Name and Address of New R	egistered Agent		
0015051	TITOEDA DA		Name	Name ,			
	B. UTRERA, P.A.		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	THWEST 22 STREET		ļ				
4TH FLOO							
Miami Fl	33145		City		FL Zip Code		
0 The election		11		Annual annual and holds in the Court of File			
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egisterea office or regis	stered agent, or both, in the State of Fig	orida. I am familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered egent ar	MOTE.	Registered Agent signature requ	ited	DATE		
		ad title if applicable. (140 / E; i	Megistereo Agent signature redu	uned when reinstating)	DATE		
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Fir	nancing \$5.00 May Be		
•	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		Trust Fund Contributio			
					OTTO AND DISCOURAGE DATE.		
10.	OFFICERS AND [11.	ADDITIONS/CHANGES TO OFF			
TITLE	PD CHEMO BLIEV S	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME Street address	CHENG, RUEY S 8755 NORTHWEST 35TH LANE		NAME STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP				
	VD	□ Delete	TITLE		Change Addition		
TITLE NAME	YEN YU, JIN	L Defete	NAME \	•	Addition		
STREET ADDRESS	8755 NORTHWEST 35TH LANE		STREET ADDRESS		•		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	•			
TITLE	SD 5	☐ Delete	TITLE	· #	☐ Change ☐ Addition		
NAME	JEE YEH, SHAW		NAME				
STREET ADDRESS	8755 NORTHWEST 35TH LANE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	WANG, YIN-FOOK		NAME				
STREET ADDRESS	8755 NORTHWEST 35TH LANE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33172	<u>. </u>	CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE	*	☐ Change ☐ Addition		
NAME	HSIEH, DONG Y		NAME		J		
	8755 NORTHWEST 35TH LANE		STREET ADDRESS	•			
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
VILL-OI-EII			VII - 31 - 21F		J		

12. I hereby certify that the information supplied with this 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 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: