

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

03-28-2002 90351 048 ***150.00

DOCUMENT # P01000080478

1. Entity Name

AMERICAN CONTRACT FURNISHINGS, INC.

Principal Place of Business

Mailing Address

~~4231 NE 23RD AVENUE~~~~4231 NE 23RD AVENUE~~~~LIGHTHOUSE POINT FL 33074~~~~LIGHTHOUSE POINT FL 33074~~

2. Principal Place of Business

1601 N 22 COURT

3. Mailing Address

P.O. BOX 5692

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano FL

City & State

Lighthouse Point, FL

Zip

33062

Country

Broward

Zip

33074

Country

Broward

4. FEI Number

65-1130066

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GANDOMI, SAED~~~~SAED GANOM~~~~4231 NE 23RD AVENUE~~

1601 N 22 CT

~~LIGHTHOUSE POINT FL 33074~~

POMPNO FL 33074

Name

saed ganom

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

1601 N 22 CT

City POMPNO FL

FL

Zip Code 33074

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 saed ganom

P.

3/15/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Saed Gandom po box 5692 LH P, FL 33074	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)