

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-23-2002 90437 039 ***150.00

DOCUMENT # P01000086398

1. Entity Name

FURNITURE SUPERMARKET, INC.

Principal Place of Business

**3935 NW 19 STREET
 LAUDERDALE LAKES FL 33311**

Mailing Address

**3935 NW 19 STREET
 LAUDERDALE LAKES FL 33311**

2. Principal Place of Business

1939 NW Broward Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft Lauderdale Fla

City & State

City & State

4. FEI Number

65-1138009

Applied For

☒ Not Applicable

Zip

33311

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAGGI, EDWARD
 3935 NW 19 STREET
 LAUDERDALE LAKES FL 33311**

7. Name and Address of New Registered Agent

Name **LEGAL INFORMATION SERVICES, INC**
 St **1290 WINDY ROAD - Suite 300**
 City **WESTON** FL Zip Code **33326**

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 **ST D** ☐ Delete
 NAME **ABANDOND, JAY**
 STREET ADDRESS **3935 NW 19 STREET**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE **PO** ☐ Delete
 NAME **MAGGI, EDWARD**
 STREET ADDRESS **3935 NW 19 STREET**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)