

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90064 046 ***150.00

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DOCUMENT # P01000086398

1. Entity Name

FURNITURE SUPERMARKET, INC.



Principal Place of Business

1939 NW POWERWIRE RD
LAUDERDALE LAKES FL 33311

Mailing Address

1939 NW POWERWIRE RD
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

3. Mailing Address

3935 NW 19th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAUDERDALE LAKES

Zip

Country

Zip

33311

Country

FLORIDA

4. FEI Number

65-1138009

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGAL INCORPORATION SERVICES, INC
1290 WESSON ROAD SUITE 300
WESTON FL 33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ABANDOND, JAY
STREET ADDRESS 3935 NW 19 STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME MAGGI, EDWARD
STREET ADDRESS 3935 NW 19 STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE
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12. 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 10 or Block 11 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

3/31/03

Date

Daytime Phone #

717-4672

CR2E034 (10/02)