

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90163 034 ***550.00

DOCUMENT # P02000016452

1. Entity Name
ICA FURNITURE INC.



Principal Place of Business
**10227 SW 53RD CT.
FT. LAUDERDALE FL 33328-5621**

Mailing Address
**10227 SW 53RD CT.
FT. LAUDERDALE FL 33328-5621**

2. Principal Place of Business
271 N.W. TOSCAINE TRAIL
Suite, Apt. #, etc.

3. Mailing Address
271 N.W. TOSCAINE TRAIL
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PORT ST LUCIE, FL

City & State
PORT ST. LUCIE, FL

4. FEI Number
75-3004124

Applied For
Not Applicable

Zip
34986 Country
USA

Zip
34986 Country
USA

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

BENNICI, RAY
10227 SW 53RD CT.
FT. LAUDERDALE FL 33328-5621

Name
BENNICI, RAY
Street Address (P.O. Box Number is Not Acceptable)
271 N.W. TOSCAINE TRAIL
City **PORT ST. LUCIE** FL Zip Code **34986**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BENNICI, RAY
10227 SW 53RD CT.
FT. LAUDERDALE FL 33328-5621 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/03 772-873-5010

Date Daytime Phone #

CR2E034 (4/03)