FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91039 046 ***150.00

DOCUMENT # P02000069247

1. Entity Name

The Wholesale Furniture Connection INC.

DO NOT WRITE IN THIS SPACE

54051054

2. Principal Place of Business	3. Mailing Address
744 NW 57th AVE	PO Box 1682
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: FTL FL	City & State: FTL FL
Zip: 33311 Country: USA	Zip: 33302 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 421540900 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Rena Maforis

Street Address (P.O. Box Number is Not Acceptable): 15353 SW 16th Street

City: DAVIE 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: _____ Rena Maforis 4-27-04
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE: President NAME: KYRIAKOS MAFORIS STREET ADDRESS: 15353 SW 16th ST CITY-ST-ZIP: DAVIE FL 33324
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE: V.P. NAME: RENA MAFORIS STREET ADDRESS: 15353 SW 16th Street CITY-ST-ZIP: DAVIE FL 33326
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15. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Rena Maforis 4-27-04 954 4483134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #