

2005 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)** AR

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90442 025 ***150.00

DOCUMENT # P02000069247

1. Entity Name

The Wholesale Furniture Connection, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

744 NW 5th Ave

3. Mailing Address

9820 SW 1st Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Plantation FL

Zip

33311

Country

USA

Zip

33324

Country

USA

4. FEI Number

42-1540900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rena Moforis

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

15553 SW 16th St

City Davie FL

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME Kyriakos Moforis
STREET ADDRESS 15553 SW 16th St
CITY-ST-ZIP Davie FL 33324

TITLE VP
NAME Rena Moforis
STREET ADDRESS 15553 SW 16th St
CITY-ST-ZIP Davie FL 33324

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: RENA MOFORIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

954 4521050

Daytime Phone #

CR2E034B (12/02)