FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 AP/1

FILED
Jun 26, 2007 8:00 am
Secretary of State
05-10-2007 90030 040 ***150.00

DOCUMENT # P02000069247

1. Entity Name
THE WHOLESALE FURNITURE CONNECTION, INC

DO NOT WRITE IN THIS SPACE

66019820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
746 NW 5K AVE.	15553 SW 16K ST
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE FL	City & State: Davie FL
Zip: 33311 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 42-1540900 ☐ 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: ROSANN ROSS

Street Address (P.O. Box Number is Not Acceptable): 5049 NW 103rd AVE

City: CORAL SPRINGS FL Zip Code: 33076

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 _____ DATE
Signature of new registered agent, if applicable (TYPE: Registered Agent signature required when mandatory)

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: VP NAME: MOFORIS, RENA STREET ADDRESS: 15553 SW 16K ST CITY-ST-ZIP: DAVIE, FL 33326	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: P NAME: MOFORIS, KYRIAKOS STREET ADDRESS: 15553 SW 16K ST CITY-ST-ZIP: DAVIE FL 33326	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ST NAME: ROSS, ROSANN STREET ADDRESS: 5049 NW 103rd AVE CITY-ST-ZIP: CORAL SPRINGS FL 33076	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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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 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 — DATE

CR2E034B (12/02)