

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-09-2003 90185 006 ***150.00

DOCUMENT # P02000076939			
1. Entity Name PAYLESS FURNITURE WAREHOUSE, INC.			
Principal Place of Business 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH FL 33180		Mailing Address 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH FL 33180	
2. Principal Place of Business 2923 So. STATE RD. 7 Suite, Apt. #, etc. WEST Hollywood, FL.		3. Mailing Address 2923 So. STATE RD. 7 Suite, Apt. #, etc. WEST Hollywood, FL.	
City & State WEST Hollywood, FL.		City & State WEST Hollywood, FL.	
Zip 33023 Country BROWARD		Zip 33023 Country BROWARD	
4. FEI Number 01-0738926		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SMITH, JOSE 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH FL 33162	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PILPEL, OSCAR STREET ADDRESS 290 174 STREET, APT. 508 CITY-ST-ZIP SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME PILPEL OSCAR STREET ADDRESS 2923 So. STATE RD. 7 CITY-ST-ZIP WEST HOLLYWOOD, FL, 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME PILPEL, DAWN S STREET ADDRESS 290 174 STREET, APT. 508 CITY-ST-ZIP SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT NAME PILPEL DAWN S. STREET ADDRESS 2923 So. STATE RD. 7 CITY-ST-ZIP WEST HOLLYWOOD, FL, 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME PILPEL, SHAYNE N. STREET ADDRESS 290 174 STREET, APT. 508 CITY-ST-ZIP SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY-TREASURER NAME PILPEL SHAYNE N. STREET ADDRESS 2923 So. STATE RD. 7 CITY-ST-ZIP WEST HOLLYWOOD, FL, 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT NAME PILPEL MARLA J STREET ADDRESS 2923 So. STATE RD. 7 CITY-ST-ZIP WEST HOLLYWOOD, FL, 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
OSCAR PILPEL		Date: Jan 21/03 Daytime Phone #: 954-986-0029	

CR2E034 (10/02)