

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

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90359 009 \*\*\*150.00

752138

DOCUMENT # *P93000002000*  
1. Entity Name  
**RENE'S UPHOLSTERY, INCORPORATED**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**100 N.W. 28TH STREET**

3. Mailing Address  
**100 N.W. 28TH STREET**

Suite, Apt. #, etc.  
**BLDG. B, SUITE 1**

City & State  
**BOCA RATON, FLORIDA**

Zip **33431** Country **USA**

4. FEI Number **65-0379124**

Applied For  
 Not Applicable

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE IN THIS SPACE**

Name **STONE, JOHN**

Street Address (P.O. Box Number is Not Acceptable)  
**400 N.E. 24TH STREET**

City **BOCA RATON** State **FL** Zip Code **33431**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	<b>P STONE, JOHN 400 N.E. 24TH STREET BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STONE, CHRISTOPHER 14 FARNWORTH DRIVE BOYNTON BEACH, FL 33426</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STONE, LEE R. 3231 JOG PARK DRIVE GREENACRES, FL 33467</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STONE, KATHLEEN 3231 JOG PARK DRIVE GREENACRES, FL 33467</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **LEE R. STONE** *Lee R Stone* **MARCH 16, 2002** **561-964-3201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)