

**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 **P**
NAME **STONE, JOHN**
STREET ADDRESS **400 N.E. 24TH STREET**
CITY-STATE-ZIP **BOCA RATON, FL 33431**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE **V**
NAME **STONE, CHRISTOPHER**
STREET ADDRESS **14 FARNWORTH DRIVE**
CITY-STATE-ZIP **BOYNTON BEACH, FL 33426**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-STATE-ZIP _____

TITLE **V**
NAME **STONE, LEE R.**
STREET ADDRESS **3231 JOG PARK DRIVE**
CITY-STATE-ZIP **GREENACRES, FL 33467**

DO NOT WRITE IN THIS SPACE

TITLE **S**
NAME **STONE, KATHLEEN**
STREET ADDRESS **3231 JOG PARK DRIVE**
CITY-STATE-ZIP **GREENACRES, FL 33467**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-STATE-ZIP _____

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TITLE _____
NAME _____
STREET ADDRESS _____
CITY-STATE-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)