2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

P94000031818

1. Entity Name

CIOFFI'S CUSTOM UPHOLSTERY & SERVICE, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90703 013 ***150.00

Principal Plac	ce of Busines	s	Mailing Ad	dress					
12201 N.W. 3	5 STREET		12201 N.W.	35 STREET					
BAY 406			BAY 406						
	NGS FL 33065		CORAL SPI	RINGS FL 33065		1 (8 8) (8 8) (10 8) (10 8)	II 88 144 88499 184 0		1 00 1 0 11 1 0 21
U\$			US						188 5 1845 1886
	Place of Busin	ness	3. Mailing A	Address		[] [] [] [] [] [] [] [] [] []	(
Suite, Apt	t # etc		Suite, Ap	t. #. etc.					
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City & State		City & State			4. FEI Number 65-0475176			plied For t Applicable	
7:-		Courte	7:		Country		•		
Zip		Country	Zip	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Country	5. Certificate of Status Desired		8.75 Add e Required	
	6. Name	and Address of Curren	t Registered Ag	jent		7. Name and Address of New R	egistered Ag	ent	
			<u>-</u>		Name ~	للما المستور الماء	r		
	NICHOLAS				Street Addre	ss (P.O. Box Number is Not Acceptable	:)		
5735 NW	79TH WAY						·	-	
PARKLAN	ID FL 33067	7							
					City	- 410-11 - 11 - 1	FL	Zip Code	e
								-111	
	e named entit ations of regis		for the purpose of	or changing its reg	pistered office or reg	istered agent, or both, in the State of Flo	iliga. Tallitan	illitat Willi _t	anu accept
obga	one or regio	toroo ago							
SIGNATURE				4.000			DATE		
	Signature, typed	or printed name of registered age	nt and title if applicable	. (NOTE: He	gistered Agent signature rec	quired when reinstating)			
	FILE NOW!	!! FEE IS \$150.00						^- -	
Λfte	r May 1 20		, [9. Election Campaign Fir			O May Be
		03 Fee will be \$550.00 o Florida Department				9. Election Campaign Fir Trust Fund Contribution			May Be to Fees
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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

of the corporation or the receive changed, or on an attachment

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this liling 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 Block 11 if changed, or on an attachment with an express, with all other like empowered.