2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P95000033827 Apr 28, 2000 8:00 am Secretary of State EASY TO BUY FURNITURE, INC. 04-28-2000 90080 012 ***150.00 Principal Place of Business Mailing Address 7551 WEST 4 AVENUE 7551 WEST 4 AVENUE HIALEAH FL 33014-4326 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0576117 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENA, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 7551 WEST 4 AVENUE HIALEAH FL 33016 Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition TITLE ☐ Delete TITLE PENA, ORLANDO NAME NAME STREET ADDRESS STREET ADDRESS 7551 WEST 4 AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 Change Addition Delete TITLE TITLE NAME PENA, OLGA NAME STREET ADDRESS 7551 WEST 4 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 Addition ☐ Delete TITLE ☐ Change TITL F PENA, ORLANDO M NAME STREET ADDRESS 7551 WEST 4 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL, 11/00