

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056569

1. Entity Name

38TH AVENUE FURNITURE WEST, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90040 045 ***150.00

Principal Place of Business

4822 NW 96TH DRIVE
CORAL SPRING FL 33076

Mailing Address

4822 NW 96TH DRIVE
CORAL SPRING FL 33076-2618

2. Principal Place of Business

3. Mailing Address

105455 MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

Country

Zip

Country

33484

USA

4. FEI Number

65-0599427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATZ, SHELLEY
4822 NW 96TH DRIVE
CORAL SPRING FL 33076

Name

SHELLEY KATZ

Street Address (P.O. Box Number is Not Acceptable)

105455 MILITARY TRAIL # 353
Delray Beach

City

FL

Zip Code 33484

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KATZ, SHELLEY | |
| STREET ADDRESS | 4822 NW 96TH DRIVE | |
| CITY-ST-ZIP | CORAL SPRING FL 33076 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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 or 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/00 561 638-3435

Daytime Phone #

CR2E034 (9/99)