2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000085597** Apr 14, 2000 8:00 am Secretary of State FURNITURE SERVICE INDUSTRY, INC. 04-14-2000 90105 012 ***150.00 Principal Place of Business Mailing Address 354 HIATT DR 354 HIATT DR PALM BEACH GARDEN FL 33418-7106 PALM BEACH GARDEN FL 33418 U U I I V 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0694260 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRIEDMAN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 354 HIATT DR SUITE 4 PALM BCH GARDENS FL 33418 Zip Code 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS TITLE ABRAMS, MARC FGGT STEEPLECHASE DR Change Change ☐ Delete ABRAMS, MARC. J NAME STREET ADDRESS 354 HIATT DR STREET ADDRESS PACH BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL 33418 SATRE, ROBERT 46 SOMMERSET TER ☐ Delete TITLE SAYRE, ROBERT NAME NAME 354 HIATT DR STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP PALM BCH GARDENS FL 33418 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE FREDMAN, STEVEN NAME NAME 24 BRANDON LAKE DR. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33418 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete

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.

NAME

TITLE
NAME
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Las Some STEVE FRIGMAN

☐ Delete

4/5/00 561-799-7302

Daytime Phone #

Change

☐ Addition

CR2E034 (9/9