

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087347

1. Entity Name

FURNITURE DIRECT OUTLET, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90334 027 \*\*\*150.00

Principal Place of Business

1280 SOUTH POWERLINE RD.  
SUITE 189  
POMPANO BEACH FL 33069

Mailing Address

1280 SOUTH POWERLINE RD.  
SUITE 189  
POMPANO BEACH FL 33069

2. Principal Place of Business

2522 N Andrews Ave Extension  
Suite, Apt. #, etc.

3. Mailing Address

2522 N Andrews Ave Extension  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-0681598

Applied For

Not Applicable

Zip

Country

Zip

Country

33064

33064

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEYS, CAROL F  
12700 BISCAYNE BLVD.  
SUITE 401  
N MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

KAREN VAZ

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

2522 N Andrews Avenue Extension

City

Pompano Beach

FL

Zip Code

33064

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

4-11-01

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, 2001 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

TITLE D ☒ Delete  
NAME KEYS, CAROL F  
STREET ADDRESS 12700 BISCAYNE BLVD. SUITE 401  
CITY-ST-ZIP N MIAMI FL 33181

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Karen VAZ ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 2522 N Andrews Ave. Extension  
CITY-ST-ZIP Pompano Beach FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

KAREN VAZ

Date

4-11-01

Daytime Phone #

954-968-0100

CR2E034 (10/00)