

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-05-2002 90017 027 ***150.00

DOCUMENT # P95000087347

1. Entity Name

FURNITURE DIRECT OUTLET, INC.

Principal Place of Business

**2522 N ANDREWS AVENUE EXTENSION
POMPAHO BEACH FL 33064**

Mailing Address

**2522 N ANDREWS AVENUE EXTENSION
POMPAHO BEACH FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0681598

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

VAZ, KAREN**2522 N ANDREWS AVENUE EXTENSION
POMPAHO BEACH FL 33064**

Name

INA GLAZIER

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

2522 N. ANDREWS AVE EXT

City

POMPAHO 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

KAREN VAZ VICE PRESIDENT**1/11/02**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, 2002 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	RA	<input type="checkbox"/> Delete
NAME	VAZ, KAREN	
STREET ADDRESS	2522 N ANDREWS AVENUE EXTENSION	
CITY - ST - ZIP	POMPAHO BEACH FL 33064	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	KEYS, NEAL	
STREET ADDRESS	2522 N. ANDREWS AVE EXT	
CITY - ST - ZIP	POMPAHO BEACH FLA. 33064	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	GLAZIER, INA	
STREET ADDRESS	2522 N. ANDREWS AVE EXT	
CITY - ST - ZIP	POMPAHO BEACH FLA 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	← VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	← VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

Daytime Phone #

CR2E034 (9/01)