2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Feb 13, 2001 8:00 am Secretary of State DOCUMENT # P96000050743 1. Entity Name PAYLESS FURNITURE SALES, INC. 02-13-2001 90041 032 ***150.00 Principal Place of Business Mailing Address 2923 S. STATE ROAD 7 2923 S. STATE ROAD 7 LUTUU WEST HOLLYWOOD FL 33023 WEST HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0676374 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - Commercial Address of Current Registered Agent WASERSTEIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 913 NORMANDY DRIVE MIAMI BEACH FL 33141 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. かくら ちばんご ひゃり Change M Addition TITLE TITLE ☐ Delete DAWH S. PILPEL PILPEL, SHANE NAME NAME 913 NORMANDY DRIVE STREET ADDRESS STREET ADDRESS 913 NORMANDY DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEZH, FL. 33141 MIAMI BEACH FL 33141 Change ☐ Addition TITLE Delete TITLE NAME WASERSTEIN, RICHARD NAME STREET ADDRESS STREET ADDRESS 913 NORMANDY DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 DAWNS. PILPEL VS ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 913 HORMANDY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME 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

FILED