

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0152825 AV

DOCUMENT # P96000050743

1. Entity Name
PAYLESS FURNITURE SALES, INC.

04-02-2002 90057 006 ***150.00

Principal Place of Business
2923 S. STATE ROAD 7
WEST HOLLYWOOD FL 33023

Mailing Address
2923 S. STATE ROAD 7
WEST HOLLYWOOD FL 33023



2. Principal Place of Business
2923 So. STATE RD. 7
 Suite, Apt. #, etc.

3. Mailing Address
2923 So. STATE RD. 7
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Hollywood
 Zip
33023

City & State
West Hollywood
 Zip
33023

4. FEI Number
65-0676374

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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) 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PIPEL, SHANE 913 NORMANDY DRIVE MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIPEL, DAWN S 913 NORMANDY DR MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGE PHILLIPS 2923 So. STATE RD. 7 WEST HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER MARLA PIPEL 913 NORMANDY DR MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SHAYNE PIPEL 913 NORMANDY DR MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGE PHILLIPS 2923 So. STATE RD. 7 WEST HOLLYWOOD, FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER MARLA PIPEL 913 NORMANDY DR MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT SHAYNE-PIPEL 913 NORMANDY DR MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **April 24/02** Daytime Phone # **954-986-0029**

0152825 (9/01)