

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 04, 2000 8:00 am
Secretary of State

03-16-2000 90066 004 ***150.00

DOCUMENT # P96000055414

1. Entity Name

PAVILION FURNITURE, INC.

Principal Place of Business

7635 WEST SECOND COURT
 HIALEAH FL 33014-4434

Mailing Address

7635 WEST SECOND COURT
 HIALEAH FL 33014-4434

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

16200 NW 49 AVENUE



DO NOT WRITE IN THIS SPACE

City & State

City & State
MIAMI, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

33014

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ
88 NE 188 STREET
NORTH MIAMI BEACH FL 33162

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	BUZZELLA, MICHAEL J	
STREET ADDRESS	7635 WEST SECOND COURT	
CITY-ST-ZIP	HIALEAH FL 33014-4434	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	BUZZELLA, JOSEPH R T	
STREET ADDRESS	7635 WEST SECOND COURT	
CITY-ST-ZIP	HIALEAH FL 33014-4434	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16200 NW 49 AVENUE	
STREET ADDRESS	MIAMI, FL 33014	
CITY-ST-ZIP	MIAMI, FL 33014	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16200 NW 49 AVENUE	
STREET ADDRESS	MIAMI, FL 33014	
CITY-ST-ZIP	MIAMI, FL 33014	
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)(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

2-28-00

Date

3058233480

Daytime Phone #