## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P96000067323 FLORIMAR FURNITURE DISTRIBUTORS, INC. 04-30-2001 90032 008 \*\*\*150.00 Principal Place of Business Mailing Address 1501 NW 12TH AVE 1501 NW 12TH AVE 991010 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0687012 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COUTURE, MICHEL Street Address (P.O. Box Number is Not Acceptable) 6517 FLAMINGO LANE **COCONUT CREEK FL 33073** Zip Code FL 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Addition ☐ Change ☐ Delete TITLE TITLE **BUSSIERES, RENE** NAME NAME STREET ADDRESS 9200 S MILITARY TR #42 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOYTON BEACH FL** Change Addition TITLE Delete TITLE NAME COUTURE, MICHEL NAME STREET ADDRESS STREET ADDRESS 6517 FLAMINGO LANE CITY-ST-ZIP CITY-ST-ZIP COCONUT-CREEK FL 33073 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. It 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:

SIGNING OFFICER OR DIRECTOR