

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000076406**

1. Entity Name

FUTONS & FURNITURE WAREHOUSE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90914 043 ***150.00

Principal Place of Business

Mailing Address

515 FERGUSON DR.
ORLANDO, FL. 32805

2. Principal Place of Business

3. Mailing Address

515 FERGUSON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL.

4. FEI Number

65-0694119

Applied For

Not Applicable

Zip

Country

Zip

Country

32805

ORANGE

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

UDDEN, AZEEZ-
515 FERGUSON DRIVE
ORLANDO, FL. 32805

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	UDDEN, AZEEZ	
STREET ADDRESS	515 FERGUSON DRIVE	
CITY-ST-ZIP	ORLANDO, FL. 32805	
TITLE	D	☐ Delete
NAME	FAGU, AWARD NARINE	
STREET ADDRESS	515 FERGUSON DRIVE	
CITY-ST-ZIP	ORLANDO, FL. 32805	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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

AWARD N. FAGU

Date

28 April 2000

Daytime Phone #

CR2E034 (9/99)