2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000076406**

FUTONS & FURNITURE WAREHOUSE, INC.

Principal Place of Business	
515 FERGUSON DR	
ORLANDO FL 32805	

Mailing Address

515 FERGUSON DR ORLANDO FL 32805

			•	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90066 023 ***150.00

140010



2. Principal Pla	ace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0694119 Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent	
		Name			
515 F	uddeen, Azeez 515 Ferguson dr. Orlando fl 32805		Street Addres	ess (P.O. Box Number is Not Acceptable)	
			City	Zip Code	
9. This corpo	Signature, typed or printed name of registered agent and ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW After MAY 1, 20	TE: Registered Agent signature requirements !!! FEE IS \$150.00 001 Fee will be \$550.01 ble to Department of S	10. Election Campaign Financing \$5.00 May B	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UDDEEN, AZEEZ 515 FERGUSON DR. ORLANDO FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addii	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGU, AWARD NARINE 515 FERGUSON DR. ORLANDO FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addi	
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NAME STREET ADDRESS CITY-ST-ZIP	partify that the information augustical with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addi	

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.