

1/8/02-90019

FILED

Feb 25, 2002 8:00 am
Secretary of State

01-08-2002 90019 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093547

1. Entity Name

CARL'S FURNITURE OF NORTH DADE, INC.

Principal Place of Business

6650 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

Mailing Address

6650 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

County

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0702633

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KENNEDY, BENJAMIN S ESQ
399 W. PALMETTO PARK ROAD
SUITE 108
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BAKER, MYRON	
STREET ADDRESS	6650 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	☐ Delete
NAME	DRAGIN, ROBERT	
STREET ADDRESS	6650 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	☐ Delete
NAME	BAKER, JEFF	
STREET ADDRESS	6650 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	☐ Delete
NAME	FRIEDMAN, FRED	
STREET ADDRESS	6650 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 REQUIRED by

Date

Daytime Phone #

Feb 11, 2002 561-994-8111