

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90020 035 ***158.75

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| DOCUMENT # P97000003685 |
| 1. Entity Name PROFESSIONAL FURNITURE CARE, INC. |

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| Principal Place of Business 1751 BLOUNT RD. POMPANO BEACH FL 33069 | Mailing Address 1751 BLOUNT RD. POMPANO BEACH FL 33069 |
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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0723756 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HASSAN, ELISSA E 1751 BLOUNT RD. POMPANO BEACH FL 33069 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | DATE (NOTE: Registered Agent signature required when reinstating) |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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|---|--|---|---------------------------------|-----------------------|------------------|--|--------------------|---|--|---|--------------|-------------|---|-----------------------|--|--|--------------------|--|--|
| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>TITLE</td><td>NAME</td><td><input type="checkbox"/> Delete</td></tr><tr><td>STREET ADDRESS</td><td>HASSAN, ELISSA E</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>12357 NW 55 ST. CORAL SPRINGS FL 33076</td><td></td></tr></table> | TITLE | NAME | <input type="checkbox"/> Delete | STREET ADDRESS | HASSAN, ELISSA E | | CITY-ST-ZIP | 12357 NW 55 ST. CORAL SPRINGS FL 33076 | | <table border="1"><tr><td>TITLE</td><td>NAME</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | | | CITY-ST-ZIP | | |
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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: <i>Elissa Hassan</i> | Date: 1/03/01 | Daytime Phone #: 954-970-7356 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |

CR2E034 (10/00)