Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90186 039 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORTATION P97000076805

1. Entity Name

CITY-ST-ZIP

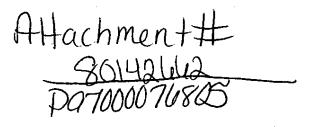
SIGNATURE:

DOCUMENT #

OFFICE F	URNITURE SYSTEMS, IN	C.								
8054 W 21 CT 805			Mailing Address 8054 W 21 CT HIALEAH FL 33016							
2. Principal Place of Business 3. N			. Mailing Address				6411 (831) 501 11	16 51/ 16 1/6 /8/	il e d ileh iekk d	8191 9 141 1891
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	e	City	City & State			0011//014/			plied For t Applicable	
Zip	Country Country		Zip Coun			5. Certificate of Status Desired			\$9.75 Additional	
6. Name and Address of Current Registered Agent			ed Agent			7. Name and Address of New Registered Agent				
		-		Nai	me.		n = 1' a			
CHUCK, R. DAMIAN 6184 NW 183 LN			Street Address			O. Box Number is N	ot Acceptable)			
HIALEAH FL 33015								-		
				City	······································			FL	Zip Code	 9
	named entity submits this statement ions of registered agent.	for the purp	ose of changing its re	gistered offi	ce or registere	d agent, or both, in t	he State of Flori	da. I am fa	miliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if app	olicable. (NOTE: R	Registered Agent	signature required v	when reinstating)		DATE		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							Campaign Final nd Contribution.			0 May Be to Fees
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS STY-ST-ZIP	P CHUCK, R DAMIAN 6184 NW 183 LN HIALEAH FL 33015		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ŀ				☐ Change	☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.



8/27/03

To Whom It May Concern:

I am writing this letter to state that I did not receive the prior notice of the 2003 Uniform Business Report, and that is the reason why I am making this payment late this year. Please waive the late penalty and accept only the usual \$150.00 filing fee.

Thank You,

Sincerely,

R. Damian Chuck

President

Office Furniture Systems, Inc.

DOC. # 897000076805