

2000 UNIFORM BUSINESS REPORT (UBR)

100

DOCUMENT # P98000011732

1. Entity Name
GALLERY FURNITURE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 PM 5:21

Principal Place of Business
3210 WEST 16TH AVENUE
HIALEAH FL 33012

Mailing Address
3210 WEST 16TH AVENUE
HIALEAH FL 33012



2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0812514		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		\$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

REINSTATEMENT

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
NAPLES, VANLER R 3210 WEST 16TH AVENUE HIALEAH FL 33012				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]* (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPLES, VANLER R		NAME		
STREET ADDRESS	3210 WEST 16TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP		

100003427711--0
-10/17/00--01068--023
****750.00 ****750.00

[Handwritten Signature]

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]* **NAPLES** 10-1-00 305-8284401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)