2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91170 043 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000038388

1. Entity Name
Florida Furniture Assoc, Inc
AKA-the Product Development Factory

Principal Place of Business | Mailing Address
3000 N.E 30th Place Suite 202B
Ft. Lauderdale Fl. 33306

2. Principal Place of Business	3. Mailing Address
3000 NE 30th Place	3000 NE 30th Place
Suite, Apt. #, etc. 202B	Suite, Apt. #, etc. 202B
City & State Ft. Lauderdale Fl.	City & State Ft Lauderdale Fl.
Zip 33306 Country USA	Zip 33306 Country USA

4. FEI Number — Applied For ☐ / Not Applicable ✓

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

6. Name and Address of Current Registered Agent
Michael Arker
5100 N. Ocean Blvd
Lauderdale By The Sea Fl. 33308
Suite 205

7. Name and Address of New Registered Agent
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]
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) ☐

FEE NOW $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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Pres ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Michael Arker	NAME	
STREET ADDRESS	5100 N. Ocean Blvd suite 205	STREET ADDRESS	
CITY - ST - ZIP	Lauderdale By The Sea Fl. 33308	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034 (11/00)

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] Michael Arker Pres 4/22/2001 954-537-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

STF FL32381F.1

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