

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039935

1. Entity Name

TRAPPED FURNITURE & WALLS, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90147 003 \*\*\*150.00

Principal Place of Business

Mailing Address

4927 NW 110TH TERRACE  
CORAL SPRING FL 33706

4927 NW 110TH TERRACE  
CORAL SPRING FL 33071-5661

2. Principal Place of Business

1088 CORAL CLUB DRIVE

3. Mailing Address

1088 CORAL CLUB DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FLORIDA

City & State

CORAL SPRINGS FLORIDA

4. FEI Number

59-3508780

Applied For

Not Applicable

Zip

33071

Country

UNITED STATES

Zip

33071

Country

UNITED STATES

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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, 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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
FREIMAN, LEA  
4927 NW 110TH TERRACE  
CORAL SPRING FL 33706 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LEA FREIMAN  
1088 CORAL CLUB DRIVE  
CORAL SPRINGS FLORIDA 33071 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Lea Freiman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1040700

Date

1954675-1071

Daytime Phone #

CR2E034 (9/93)