

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

0178202 AV

DOCUMENT # P98000039935

1. Entity Name
TRAPPED FURNITURE & WALLS, INC.

02-28-2002 90072 025 ***150.00

Principal Place of Business

Mailing Address

8723 FOREST HILLS BLVD
CORAL SPRINGS FL 33065

8723 FOREST HILLS BLVD
CORAL SPRINGS FL 33065



2. Principal Place of Business

123 N. Congress Ave.

Suite, Apt. #, etc.

#197

3. Mailing Address

123 N. Congress Ave.

Suite, Apt. #, etc.

#197

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

59-3508780

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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, 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, 2002 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

TITLE **PSTD**
 NAME **CESLAN, LEA KAFTAN**
 STREET ADDRESS **8723 FOREST HILLS BLVD**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **123 N. Congress Ave. #197**
 STREET ADDRESS **Boynton Beach, FL 33426**
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

021102

Date

954 325-8348

Daytime Phone #

CR2E034 (9/01)