

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90354 021 ***150.00

DOCUMENT # P98000039935

1. Entity Name

Trapped Furniture and Walls

DO NOT WRITE IN THIS SPACE

11036930

2. Principal Place of Business

17816 87 Lane North

Suite, Apt. #, etc.

3. Mailing Address

17816 87 Lane North

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

4. FEI Number

593 508780

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33470

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Lea Kaftan Ceslani

Street Address (P.O. Box Number is Not Acceptable)

17816 87 Lane North

City

Loxahatchee

FL

Zip Code

33470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lea Kaftan Ceslani

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

043003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Lea Kaftan Ceslani
17816 87 Lane North
Loxahatchee, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lea Kaftan Ceslani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

043003

DATE

954 325-8348

Daytime Phone #

CR2E034B (12/02)