

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000043108

1. Entity Name

Progressive Office Furniture Installation

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90263 001 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1644 SW 116th Ave

3. Mailing Address

320 S. Flamingo Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB, 204

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines, Florida

Zip

33025

Country

Broward

Zip

33025

Country

Broward

4. FEI Number

65-0836271

Applied For

Not Applicable

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

Name

Warren Francis

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

1644 SW 116th Ave

City

Pembroke Pines

FL

Zip Code

33025

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

Warren Francis

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

Warren Francis

1644 SW 116 Ave

Pembroke Pines, Florida 33025

☐ Change ☒ Addition

☐ Change ☐ Addition

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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:

Warren Francis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren Francis

4/27/00

Date

954-714-8884

Daytime Phone #

CR2E034 (9/99)