FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 26 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000061195 ✓ (L)

1. Entity Name
FURNITURE & ACCESSORIES, INC

DO NOT WRITE IN THIS SPACE

[redacted] 55048870

4/28/03 91292 032 - 150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3200 S. CONGRESS Ave	3200 S. CONGRESS Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, Fl.	City & State: Boynton Bch, Fl.
Zip: 33426 Country: Palm Bch USA	Zip: 33426 Country: USA

4. FEI Number: 52-2110142 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JON ROBBINS

Street Address (P.O. Box Number is Not Acceptable): 350 E. LAS OLAS Blvd Suite 1600

City: FT. LAUDERDALE FL Zip Code: 33301

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 ______________ DATE 6/12/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Between 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	Pres.
NAME	JANET COLE
STREET ADDRESS	18181 NE 31 Ct.
CITY-ST-ZIP	Aventura, Fl. 33160

TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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: ______________ Pres. JANET COLE 4-23-03 561.732.9166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR