

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066333

1. Entity Name

S & S FURNITURE, INC.

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

04-12-2000 90053 036 ***150.00

Principal Place of Business

Mailing Address

1489 W PALMETTO PARK RD. STE 485
BOCA RATON FL 33486

1489 W PALMETTO PARK RD. STE 485
BOCA RATON FL 33486-3327

2. Principal Place of Business

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Address

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, FL

Zip

33487

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0855874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
1489 W PALMETTO PARK RD, STE 485
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Cantor, Samuel J.

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

6700 Broken Sound Pkwy NW

Suite 200

City

Boca Raton,

FL

Zip Code
33487

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

1/24/00

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

TITLE D ☐ Delete
NAME BISTRICER, SIMONE
STREET ADDRESS 1489 W PALMETTO PARK RD, STE 485
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ Delete
NAME BISTRICER, BETTY
STREET ADDRESS 1489 W PALMETTO PARK RD, STE 485
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Bistricer, Simone
STREET ADDRESS 6700 Broken Sound Pkwy NW, #200
CITY-ST-ZIP Boca Raton, FL 33487

TITLE D ☒ Change ☐ Addition
NAME Bistricer, Betty
STREET ADDRESS 6700 Broken Sound Pkwy NW, #200
CITY-ST-ZIP Boca Raton, FL 33487

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/2000