FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # **P98000084260** 19TH STREET FURNITURE, INC. 04-12-2001 90175 026 ***150.00 Principal Place of Business Mailing Address 3935 NW 19TH ST 3935 NW 19TH ST LAUDERDALE LAKES FL 33311 Lauderdale lakes fl 33311 C0046325 lus 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0864913 Applied For Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABANDOND, JAY R Street Address (P.O. Box Number is Not Acceptable) 3935 NW 19TH ST LAUDERDALE LAKES FL 33311 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PDST ☐ Addition TITLE ☐ Delete TITLE ☐ Change ABANDOND, JAY R NAME NAME STREET ADDRESS STREET ADDRESS 3935 NW 19TH ST CITY-ST-ZIP CITY-ST-7IP LAUDERDALE LAKES FL 33311 ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

July 1 And 1954-717-4672

SIGNATURE:

July 1 And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone #