2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-07-2001 90056 043 ***150.00
05-17-2001 91336 016 ***150.00

0170816

U00548035

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000021790

1. Entity Name
FACTORY Direct Furniture, Inc.

Principal Place of Business	Mailing Address
420 LINCOLN ROAD SUITE 600 MIAMI BEACH FL 33139	420 LINCOLN ROAD SUITE 600 MIAMI BEACH FL 33139

2. Principal Place of Business	3. Mailing Address
5810 Biscayne Blvd.	SAME
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State:
Zip: 33137 Country: USA	Zip: Country:

4. FEI Number: 65-0921371 — 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
NEUSTEIN, CHARLES L 420 LINCOLN ROAD SUITE 600 MIAMI BEACH FL 33139	Name: Barbara B. Gimenez, P.A. Street Address (P.O. Box Number is Not Acceptable): 5810 Biscayne Blvd. #2 City: Miami FL Zip Code: 33137

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.
Registered Agent: Barbara B. Gimenez, Esq.

SIGNATURE _____
Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating) 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, 2001 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: D NAME: CARVASAC, LAURDES ← name incorrect STREET ADDRESS: 420 LINCOLN ROAD SUITE 600 CITY-ST-ZIP: MIAMI BEACH FL 33139 ☒ Delete	TITLE: D NAME: LOURDES CARVAJAL STREET ADDRESS: 5810 Biscayne Blvd #2 CITY-ST-ZIP: Miami, FL 33137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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: _____ 4/27/01 305 450-4604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #