

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91836 011 ***150.00

DOCUMENT # P99000040506 1. Entity Name Furniart, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 140 NW 87th Avenue Suite, Apt. #, etc. #G224 City & State Miami Florida Zip Country 33172 USA			3. Mailing Address 140 NW 87th Avenue Suite, Apt. #, etc. #G224 City & State Miami Florida Zip Country 33172 USA		
			DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE			4. FEI Number 65-1009910		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent Name Maria A. Porta Street Address (P.O. Box Number is Not Acceptable) 140 NW 87th Avenue #G224 City Miami FL Zip Code 33172		
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 _____ <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST Maria A. Porta 140 NW 87th Avenue #G224 Miami FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
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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: _____ Maira A. Porta <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date 104-25-2003	
				Daytime Phone # 305 559-6811	

CR2E034B (12/02)