

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056893

1. Entity Name

DIPAL ITALIAN OFFICE FURNITURE, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90070 020 ***150.00

Principal Place of Business

Mailing Address

1424 NW 82 AVENUE
MIAMI FL 33126

1424 NW 82 AVENUE
MIAMI FL 33126-1508

2. Principal Place of Business

3215 N.E. 184 ST.

3. Mailing Address

3215 N.E. 184 ST.

Suite, Apt. #, etc.

14403

Suite, Apt. #, etc.

14403

City & State

AVENTURA, FLORIDA

City & State

AVENTURA, FLORIDA

Zip

33160

Country

U.S.A.

Zip

33160

Country

U.S.A.

4. FEI Number

65-0935846

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

MERKIN, STEWART A ESQ
444 BRICKELL AVENUE SUITE 300
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	GEORGE POLER	
STREET ADDRESS	3215 N.E. 184 ST. # 14403, AVENTURA, FL.	
CITY-ST-ZIP	AVENTURA - FL 33160	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	DEBORAH CELNIK DE POLER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	BERTA DE SERNIK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	ABRAHAM SERNIK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	DEBORAH CELNIK DE POLER	
STREET ADDRESS	3215 N.E. 184 ST. # 14403	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	DEBORAH CELNIK DE POLER	
STREET ADDRESS	3215 N.E. 184 ST. # 14403	
CITY-ST-ZIP	AVENTURA, FL 33160	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE POLER	
STREET ADDRESS	20100 W. COUNTRY CLUB DR. # 803	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTHER BENARROCH	
STREET ADDRESS	20100 W. COUNTRY CLUB DR. # 803	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/99)