

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90005 036 ***150.00

DOCUMENT # P99000056893

1. Entity Name

DIPAL ITALIAN OFFICE FURNITURE, INC.

Principal Place of Business

3215 NE 184 ST
14403
AVENTURA FL 33160

Mailing Address

3215 NE 184 ST
14403
AVENTURA FL 33160

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

City & State

AVENTURA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name ~~GEORGE POLER~~

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

3215 N.E. 184 ST. # 14403

City AVENTURA

FL

Zip Code 33160

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/22/01

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

TITLE P ☐ Delete
NAME POLER, GEORGE
STREET ADDRESS 3215184 ST # 14403
CITY-ST-ZIP AVENTURA FL 33160

TITLE V.P. ☐ Delete
NAME DEBORAH CELNIK DE POLER
STREET ADDRESS 3215184 ST. N3 14403
CITY-ST-ZIP AVENTURA - FL. 33160

TITLE V.P. ☒ Delete
NAME BERTA DE SERNIK
STREET ADDRESS
CITY-ST-ZIP

TITLE V.P. ☒ Delete
NAME ABRAHAM SERNIK
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☐ Delete
NAME DEBORAH CELNIK DE POLER
STREET ADDRESS 3215 N.E. 184 ST # 14403
CITY-ST-ZIP AVENTURA - FL. 33160

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

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

TITLE V.P. ☒ Change ☐ Addition
NAME ESTHER POLER
STREET ADDRESS 20100 W. COUNTRY CLUB DRIVE # 803
CITY-ST-ZIP AVENTURA - FL. 33180

TITLE V.P. ☒ Change ☐ Addition
NAME DAVE POLER
STREET ADDRESS 20100 W. COUNTRY CLUB DRIVE # 803
CITY-ST-ZIP AVENTURA - FL. 33180

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

TITLE TREASURER ☒ Change ☐ Addition
NAME ESTHER POLER
STREET ADDRESS 20100 W. COUNTRY CLUB DRIVE # 803
CITY-ST-ZIP AVENTURA - FL. 33180

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 information empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/01

Date

305-6828370

Daytime Phone #

CR2E034 (10/00)