

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90249 024 ***150.00

0158157 AV

DOCUMENT # P99000056893

1. Entity Name

DIPAL ITALIAN OFFICE FURNITURE, INC.



Principal Place of Business

**ONE OAKWOOD BLVD
140
HOLLYWOOD FL 33020**

Mailing Address

**ONE OAKWOOD BLVD
140
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0935846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

POLER, GEORGE

**3219 NE 184 STREET #14403
AVENTURA FL 33160**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	POLER, GEORGE	
STREET ADDRESS	3215 84 ST # 14403	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CELNK DE POLER, DEBORAH	
STREET ADDRESS	3215 NE 184 STREET #14403	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POLER, ESTHER	
STREET ADDRESS	20100 W COUNTRY CLUB DRIVE #803	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POLER, DAVE	
STREET ADDRESS	20100 W COUNTRY CLUB DRIVE #803	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	S	<input type="checkbox"/> Delete
NAME	CELNK DE POLER, DEBORAH	
STREET ADDRESS	3215 NE 184 STREET #14403	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	T	<input type="checkbox"/> Delete
NAME	CELNK DE POLER, DEBORAH	
STREET ADDRESS	3215 NE 184 STREET #14403	
CITY-ST-ZIP	AVENTURA FL 33160	

11. 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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/03

Date

9549276199

Daytime Phone #

CR2E034 (10/02)