

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90180 006 ***150.00

DOCUMENT # P99000057008

1. Entity Name
FURNITURE DISCOUNTERS OF THE CAROLINA'S, INC.

Principal Place of Business
3895 NW 19TH STREET
LAUDERDALE LAKES FL 33311

Mailing Address
3895 NW 19TH STREET
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

3. Mailing Address
3935 NW 19th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAUDERDALE LAKES FLA

4. FEI Number

65-0931888

Applied For

Not Applicable

Zip

Country

Zip
33311

Country
USA

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

~~ABANDOND, JAY~~
~~3895 NW 19TH STREET~~
~~LAUDERDALE LAKES FL 33311~~

Ne **LEGAL INFORMATION SERVICE, Inc.**

S (Not Applicable)

1290 WESTON ROAD - SUITE 300

City **WESTON**

FL

Zip Code **33326**

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]

Signature type 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, 2002 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 **PD** ☐ Delete
NAME **ABANDOND, JAY**
STREET ADDRESS **3895 NW 19TH STREET**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VPD**
STREET ADDRESS **EO MAWBI**
CITY-ST-ZIP **3935 NW 19th ST**
LAUDERDALE LAKES, FLA 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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] **JAY ABANDOND PD**

Date

Daytime Phone #

1/8/02

(954) 712-4622

CR2E034 (9/01)