## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2000 8:00 an DOCUMENT # **P99000078067 Secretary of State** 1. Entity Name 02-07-2000 90047 013 \*\*\*158.75 HOME FURNITURE, INC. Principal Place of Business Mailing Address 3239-4 NW 44TH STREET 3239-4 NW 44TH STREET 612238 FORT LAUDERDALE FL 33339-1327 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address ] [20][20] [)\$ [0][0 (0]] (0]]) \$0() \$0() \$0() \$0() \$0() \$0() \$ 4001 N. FEDERAL 2801 N.C. 33RD. CT. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied F 4. FEI Number City & State City & State Not ≙.... T. LAUDER DALE LAUDERDALE 65-095507 Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33308 BROWARD BROWAR 30 G Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VEROY, ALVIN 3239-4 NW 44TH STREET FORT LAUDERDALE FL 33309 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 utle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 iday Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE ALVIN VERDY 2801 N.E. 33RD CT., APT. 105 VEROY, ALVIN NAME NAME 3239-4 NW 44TH STREET STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33306 CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-7IP $\Box$ . Change TITLE ☐ Delete TITLE ORTIZ, DANILO NAME NAME MANDAUE CITY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PHILIPPINES** CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change $\Box$ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 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 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 = changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF 9 GNING OFFICER OR DIRECTOR