2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

City & State

Zip

DOCUMENT # P99000104548

1. Entity Name

City & State

Zip

SIGNATURE

CHIN'S FURNITURE, INC.



Principal Place of Business

1200 S. CONGRESS AVE.. #1

WEST PALM BEACH FL 33406

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

1200 S. CONGRESS AVE.. #1

WEST PALM BEACH FL 33406

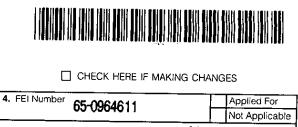
3. Mailing Address

Suite, Apt. #, etc.

FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90200 021 ***150.00

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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.

Country

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

DATE

 \Box

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition ☐ Change CHIN, CHIN-KANG NAME 1200 S. CONGRESS AVE., #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like simpowered.

SIGNATURE:

STATE OF E PANDIRED - 0 - 200

Date Daytin

Daytime Phone #