

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90097 022 \*\*\*150.00

0175150 AV

DOCUMENT # **S07075**

1. Entity Name  
**GUS'S FURNITURE GALLERY, INC.**



Principal Place of Business

~~27020 G DIXIE HWY~~  
**NARANIA FL 33032**  
US

Mailing Address

~~27020 G DIXIE HWY~~  
**NARANIA FL 33032**  
US

2. Principal Place of Business

**27052 S. DIXIE HWY**

3. Mailing Address

**27052 S. DIXIE HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NARANIA FL**

City & State

**NARANIA FL**

4. FEI Number

**65-0221642**

Applied For

Not Applicable

Zip

Country

**33032 USA**

Zip

Country

**33032 USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORALES, GUS A.**  
**10521 MAHOGANY KEY CIR, UNIT 202**  
**MIAMI FL 33196**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>MORALES, GUS A.</b>			
	<b>10521 MAHOGANY KEY CIR UNIT 202</b>			
	<b>MIAMI FL</b>			

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

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 empowered.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/03**  
Date

**305-246-8502**  
Daytime Phone #

CR2E034 (10/02)