

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-22-2002 90061 005 ***150.00

DOCUMENT # S18160

1. Entity Name
ENGLISH SOFAS & CHAIRS, INC.

Principal Place of Business 1595 NE 163RD STREET N. MIAMI BCH FL 33162 US	Mailing Address 1595 NE 163RD STREET N. MIAMI BCH FL 33162 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0241023** Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country 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

**GOLDSMITH, JAMES A
 1595 NE 163RD STREET
 N. MIAMI BCH FL 33162**

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.

SIGNATURE _____ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GLEASON, MONICA 1595 NE 163RD STREET N MIAMI BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS		
	CITY - ST - ZIP		
<input type="checkbox"/> Delete	D GOLDSMITH, JAMES A. 1595 NE 163RD STREET N MIAMI BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS		
	CITY - ST - ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS		
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	STREET ADDRESS		
	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: *Monica Gleason* 3/7/02 305-576-6222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

17

CR2E034 (9/01)