

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90167 009 \*\*\*150.00

**DOCUMENT # S41314**

1. Entity Name  
**DYNASTY FURNITURE MANUFACTURING, INC.**



Principal Place of Business  
**4700 NW 15 AV  
BAY 4  
FT LAUDERDALE FL 33309  
US**

Mailing Address  
**4700 NW 15 AV  
BAY 4  
FT LAUDERDALE FL 33309  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0253588**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**DICUIA, EDWARD  
4700 NW 15 AVE  
BAY 4  
FT LAUDERDALE FL 33309**

## 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DICUIA, EDWARD</b>	
STREET ADDRESS	<b>3082 NW 72 AVENUE</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DICUIA, JAMES</b>	
STREET ADDRESS	<b>5421 RIVERMILL</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>JULIANO, ANTHONY</b>	
STREET ADDRESS	<b>9701 NW 2ND ST</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>JULIANO, KIMBERLY</b>	
STREET ADDRESS	<b>9701 NW 2ND ST</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DICUIA, RICHARD</b>	
STREET ADDRESS	<b>4549 NW 60 CT</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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** *Kimberly Juliano* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/03**

**954 776 3733**

CR2E034 (10/02)