2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90087 046 ***150.00

DOCUMENT # F98000005982

1. Entity Name

NULAB FURNITURE CORP.

Principal Place of Business	Mailing Address
11 FEDERAL RD ENGLISHTOWN NJ 07726	11 FEDERAL RD ENGLISHTOWN NJ 08831-9007

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11 Federal Road	11 Federal Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Monroe Twp., NJ	City & State: Monroe Twp., NJ
Zip: 08831 Country: USA	Zip: 08831 Country: USA

4. FEI Number 22-3004290 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, WILLIAM ESQ.
105 SO. NARCISSUS AVE., SUTIE 507
WEST PALM BEACH FL 33401

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.*

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (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, 2000 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT DITRINGO, FRANCINE 3 ECHO LANE EAST BRUNSWICK NJ 08816	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DITRINGO, ANTHONTY 3 ECHO LANE EAST BRUNSWICK NJ 08816	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Francine DiTringo Francine DiTringo 4-28-00 (732) 792-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #