

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

012025 AT

**DOCUMENT # F98000005982**

1. Entity Name  
**NULAB FURNITURE CORP.**

08-06-2001 90003 008 \*\*\*550.00

Principal Place of Business  
**11 FEDERAL RD**  
**JAMESBURG NJ 08831**  
**US**

Mailing Address  
**11 FEDERAL RD**  
**JAMESBURG NJ 08831**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11 Federal Road**

3. Mailing Address  
**11 Federal Road**

City & State  
**Monroe Twp NJ**

City & State  
**Monroe Twp NJ**

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., SUITE 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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE	<b>CT</b>	<input type="checkbox"/> Delete
NAME	<b>DITRINGO, FRANCINE</b>	
STREET ADDRESS	<b>3 ECHO LANE</b>	
CITY-ST-ZIP	<b>EAST BRUNSWICK NJ 08816</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DITRINGO, ANTHONY</b>	
STREET ADDRESS	<b>3 ECHO LANE</b>	
CITY-ST-ZIP	<b>EAST BRUNSWICK NJ 08816</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **Francine Ditringo** 7-30-01 (732) 792-0050  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/01)