

5/22/2002-90207-04

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005990

1. Entity Name
LALEH INTERIORS, LLC.

Principal Place of Business Mailing Address
 5840 NW 42ND TERRACE 5840 NW 42ND TERRACE
 BOCA RATON FL 33488 BOCA RATON FL 33488

3. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

42296

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1112647** Appear For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHNEIDERMAN, LES ESO
5301 N. FEDERAL HWY., STE. 130
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
 Name **Laleh Gottlieb**
 Street Address (P.O. Box Number is Not Acceptable)
5840 NW 42ND TERRACE
 City **Boca Raton** FL Zip Code **33488**

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  **07/16/02**
Signature (Send to global name of registered agent and fee if applicable) Former Registered Agent Signature (Required with transfers)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2003

B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGRM GOTTLIEB, LALEH 5840 NW 42ND TERRACE BOCA RATON FL 33488	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2002 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee appointed to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:  **07/16/02**
Signature (Send typed or printed name of signing individual, partner, manager, or authorized representative) Date

SIGNATURE REQUIRED **501-988-1990**
561-241-3332