

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95416

1. Entity Name

HASLEMERE INTERIORS, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90031 036 ***158.75

Principal Place of Business

Mailing Address

~~3550 N MOORINGS WAY~~
~~COCONUT GROVE FL 33139~~
~~US~~

~~6262 SUNSET DR~~
~~STE 308~~
~~MIAMI FL 33143-4843~~
~~US~~

2. Principal Place of Business

8750 ARVIDA DRIVE

3. Mailing Address

6280 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 502

City & State

CORAL GABLES FL

City & State

Zip

33156

Country

USA

Country

4. FEI Number

65-0331642

Applied For

Not Applicable

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

POLIAKOFF, STEVEN R

~~6262 SUNSET DRIVE~~

~~STE 308~~

MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

6280 SUNSET DRIVE

SUITE 502

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 ☐ Delete
 NAME D
 STREET ADDRESS POLIAKOFF, STEVEN R.
 CITY-ST-ZIP 3550 N MOORINGS WAY
 COCONUT GROVE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 8950 ARVIDA DRIVE
 CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE ☐ Delete
 NAME D
 STREET ADDRESS POLIAKOFF, JACQUELINE
 CITY-ST-ZIP 3550 N MOORINGS WAY
 COCONUT GROVE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 8950 ARVIDA DRIVE
 CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 3055960870