

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90053 009 ***150.00

DOCUMENT # M04235

1. Entity Name

G & F INTERIOR DESIGN, INC.

Principal Place of Business

Mailing Address

**983 N NOB HILL RD
PLANTATION FL 33324
US****983 N NOB HILL RD
PLANTATION FL 33324-1079
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

59-2470832

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MARULANDA, EDGAR A
985 N NOB HILL RD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

983 N. NobHill Rd.

City

Plantation,**FL**

Zip Code

33324

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DO	MARULANDA, CARLOS	983 N NOB HILL RD	PLANTATION FL 33324	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DO	MARULANDA, C A	983 N NOB HILL RD	PLANTATION FL 33324	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DO	MARULANDA, PABLO A	983 N NOB HILL RD	PLANTATION FL 33324	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DO	MARULANDA, EDGAR A	983 N NOB HILL RD	PLANTATION FL 33324	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	DO	MARIA C. MARULANDA	983 N. NobHill Rd.	Plantation, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E034 (9/99)