

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90226 023 \*\*\*150.00

DOCUMENT # M04235

1. Entity Name  
**G & F INTERIOR DESIGN, INC.**

Principal Place of Business Mailing Address  
**5193 S. UNIVERSITY DR. 5193 S. UNIVERSITY DR.**  
**DAVIE, FL 33328 DAVIE, FL 33328**

**659878**

2. Principal Place of Business 3. Mailing Address  
**5193 S. UNIVERSITY DR. 5193 S. UNIVERSITY DR.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**DAVIE, FL DAVIE, FL**

4. FEI Number **59-2470832** Applied For  
 Not Applicable

Zip Country Zip Country  
**33328 33328**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MARULANDA, EDGAR A.**  
**5193 S. UNIVERSITY DR.**  
**DAVIE, FL 33328**

7. Name and Address of New Registered Agent  
 Name **MARULANDA, EDGAR A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5193 S. UNIVERSITY DR.**  
 City **DAVIE** **FL** Zip Code **33328**

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 *Edgar Marulanda*  
 Signature, typed or printed name of registered agent and title if applicable.

**04/30/2001**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	DO <input type="checkbox"/> Delete
NAME	<b>MARULANDA, EDGAR A.</b>
STREET ADDRESS	<b>5193 S. UNIVERSITY DR.</b>
CITY - ST - ZIP	<b>DAVIE, FL 33328</b>
TITLE	DO <input type="checkbox"/> Delete
NAME	<b>MARIA C. MARULANDA</b>
STREET ADDRESS	<b>5193 S. UNIVERSITY DR.</b>
CITY - ST - ZIP	<b>DAVIE, FL 33328</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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5193 S. UNIVERSITY DR.</b>
CITY - ST - ZIP	<b>DAVIE, FL 33328</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5193 S. UNIVERSITY DR.</b>
CITY - ST - ZIP	<b>DAVIE, FL 33328</b>
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: *Edgar Marulanda*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/2001**  
 Date Daytime Phone