

**2002 UNIFORM BUSINESS REPORT (UBR)**

*# 150*

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90251 043 \*\*\*150.00

0377933 AV

**DOCUMENT # P93000079032**

1. Entity Name  
**R G INTERIOR DESIGN INC.**

Principal Place of Business  
**23084 SUNFIELD DRIVE**  
**BOCA RATON FL 33433**

Mailing Address  
**23084 SUNFIELD DRIVE**  
**BOCA RATON FL 33433**

*CHANGE ADDRESS* *CHANGE OF ADDRESS*



2. Principal Place of Business  
**23324 BOCA CHICA CTR**

3. Mailing Address  
**23324 BOCA CHICA CIRCLE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33433**

Country  
**USA**

Zip  
**33433**

Country  
**USA**

4. FEI Number **65-0441755**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENBLATT, ROSELLEN A**  
**23084 SUNFIELD DRIVE**  
**BOCA RATON FL 33433**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

7. Name and Address of New Registered Agent

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 \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREENBLATT, ROSELLEN A</b> <b>23084 SUNFIELD DRIVE</b> <b>BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Greenblatt, Rosellen A</b> <b>23324 BOCA CHICA CIRCLE</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rosellen A Greenblatt* **1-20-02** **5614175511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)