2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P9500065195** Apr 14, 2000 8:00 am Secretary of State **ENVIRONS INTERIORS, INC.** 04-14-2000 90104 044 ***150.00 Principal Place of Business Mailing Address 160 SW 12TH AVE., SUITE 101B 160 SW 12TH AVE., SUITE 101B DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-3114 2. Principal Place of Business 3. Mailing Address c/o Alan J. Werksman c/o Alan J. Werksman DO NOT WRITE IN THIS SPACE 160 Sw 12 Avenue #101B 160° SW 12° Avenue #101B City & State Deerfield Beach, FL 4. FEI Number Applied For 65-0605825 33442 Deerfield Beach, FL 33442 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -- Werksman, Alan J Street Address (P.O. Box Number is Not Acceptable) 160 SW 12TH AVE., SUITE 101B DEERFIELD BEACH FL 33442 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE TITLE ☐ Delete WEITER, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 1341 SW 17TH ST. CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33486** ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST_ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP 13. I hereby certify that the information supplied with this filling 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 pother high empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR