## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P97000046382 1. Entity Name SPECIALTY INTERIORS INC. 04-03-2001 90111 022 \*\*\*150.00 Mailing Address Principal Place of Business 218 PRESTON AVE 801 SE 16TH COURT #12 FT LAUDERDALE FL 33316 MIDDLETOWN CT 06457 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0756024 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEGENDRE, HUGO Street Address (P.O. Box Number is Not Acceptable) 801 SE 16TH COURT #12 FT LAUDERDALE FL 33316 Zip Code City FL 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 DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TIŤLE TITLE NAME LEGENDRE, HUGO NAME STREET ADDRESS 801 SE 16TH COURT #12 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 Change ☐ Addition TITLE Delete TITLE NAME Legendre, Mathieu NAME STREET ADDRESS STREET ADDRESS 801 SE 16TH COURT #12 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 TITLE" Delete TITLE NAME Legendre, Laurent NAME STREET ADDRESS STREET ADDRESS 801 SE 16TH COURT #12 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

SIGNATURE AND TYPED OR PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Described Property Property