

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90103 032 ***150.00

0605511

DOCUMENT # S46676

1. Entity Name

AFFORDABLE MIRRORED WALLS CORP.

Principal Place of Business

Mailing Address

1050 SW 124TH WAY
 DAVIE FL 33325

1050 SW 124TH WAY
 DAVIE FL 33325

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

65-0261987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUICK, JIM
1050 SW 124TH WAY
DAVIE FL 33325

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	QUICK, JIM		
1050 SW 124TH WAY	1050 SW 124TH WAY		
DAVIE FL 33325	DAVIE FL 33325		
S	QUICK, SUZANNE		
1050 SW 124TH WAY	1050 SW 124TH WAY		
DAVIE FL 33325	DAVIE FL 33325		

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: *Suzanne M. Quick* **SUZANNE QUICK, Secretary** **4/16/01** **(954) 472-2226**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)