

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90003 043 \*\*\*150.00

**DOCUMENT #** K 39243

**1. Entity Name**

*Interior Custom Concepts Inc.*

**Principal Place of Business** *600-D N.E. 27<sup>th</sup> Street*  
*Pompano Bch, FL 33064*

**Mailing Address** *600-D NE 27<sup>th</sup> Street*  
*Pompano Bch, FL 33064*

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

*65-0088413*

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

*MARCUS STEVEN*  
*600-D NE 27<sup>th</sup> Street*  
*Pompano Bch, FL 33064*

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 retreating)

DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**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**

**TITLE** *MARCUS STEVEN* ☐ Delete  
**NAME**  
**STREET ADDRESS** *600-D NE 27<sup>th</sup> Street*  
**CITY-ST-ZIP** *Pompano Bch, FL 33064*

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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)(l), 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 807, 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:**

*Steven Marcus*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVEN MARCUS**  
 PRESIDENT

**7-3-01**  
 Date

**954-782-6370**  
 Daytime Phone #

CR2ED34 (11/00)

Attachment  
DH K39293  
A0016709

June 28, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Interior Custom Concepts, Inc.  
EIN: 65-0088413

Dear Sir:

Please find enclosed our Annual Report for 2001. Pursuant to a conversation with Kathy at your office, we downloaded the via the internet.

We never received the original in the mail so we are sending in the attached form.

Thank you.

Respectfully,

  
Steven Marcus  
President