

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91165 002 ***150.00

DOCUMENT # **465359**

1. Entity Name

BERNICE SCHORR INTERIORS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18 ESTATES DR
Suite, Apt. #, etc.

3. Mailing Address
18 ESTATES DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOYNTON BCH, FL
Zip **33436** Country **USA**

City & State
BOYNTON BEACH, FL.
Zip **33436** Country **USA**

4. FEI Number
591564379

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **STEPHEN A. SCHORR**

Street Address (P.O. Box Number is Not Acceptable)
625 NE 3RD AVE

City **FORT LAUDERDALE FL** Zip Code **33304**

**DO NOT WRITE
IN THIS SPACE**

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 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**D, P, T
STEPHEN A. SCHORR
625 NE 3RD AVE
FORT LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D, VP
BERNICE SCHORR
18 ESTATES DR.
BOYNTON BEACH, FL 33436**

TITLE
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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 on an attachment with an address, with all other officers and directors.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 **954-667-7800**
Date Daytime Phone #

CR2E034B (12/01)