

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

2002

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 City & State BOYNTON BEACH, FL. 4. FEI Number 591564379 Applied For
Not Applicable
Zip 33436 Country USA Zip 33436 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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

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] (See new address) (Same registered agent)
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)
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	<u>D, P, T</u>	TITLE	
NAME	<u>STEPHEN A. SCHORR</u>	NAME	
STREET ADDRESS	<u>625 NE 3RD AVE</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>FORT LAUDERDALE, FL 33304</u>	CITY-ST-ZIP	
TITLE	<u>D, VP</u>	TITLE	
NAME	<u>BERNICE SCHORR</u>	NAME	
STREET ADDRESS	<u>18 ESTATES DR.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>BOYNTON BEACH, FL 33436</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 (if empowered).

SIGNATURE: [Signature] Date 5/1/02 Daytime Phone # 954-667-7800
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)