2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

541287 **DOCUMENT#**

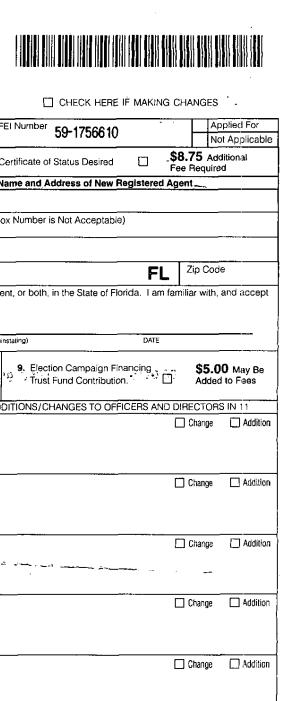
1. Entity Name

STOLBERG JOYCE, INTERIORS INC..

Principal Place of Business 2205 N.E. 207TH STREET NORTH MIAMI BEACH FL 33180			Mailing Address 2205 N.E. 207TH STREET NORTH MIAMI BEACH FL 33180						
2. Principal F	Place of Busin	ess	3. Mailing Address				: 1886/86 (1911) 1986 1986 1986 1986 1986 1986 1986 1986 1986 1986 1986 1986 1986 	BIBIL BIBIL BIBIL BI	
Suite, Apt.	. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. F	59-1756610		oplied For of Applicable
Zip Country			Zip	<u> </u>		5. Certificate of Status Desired See Required Fee Required			
<u> </u>	and Address of Current	Registered Agent	· <u> </u>	7. Name and Address of New Registered Agent					
STOLDEDG LOVCE					Name				
STOLBERG, JOYCE 2205 N.E. 207TH STREET					Street Address (P.O. Box Number is Not Acceptable)				
NORTH MIAMI BEACH FL 33180									
					City		F	L Zip Code	e
8. The above the obligate SIGNATURE	tions of regist	/ submits this statement for ered agent.	gal kke will wan		ed office or regist d Agent signature requir		ent, or both, in the State of Florida. I an instating)		and accept
FILE MOMULEEE IS 6450.00									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						नुस्ति 🕽	9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	May Be I to Fees
10.		OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOLBERG 2205 NE 2 N MIAMI B	07TH STREET	☐ Delete	NAME STREE		,		☐ Change	Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	SD STOLBERG	i, Dennis 07th Street	☐ Delete	TITLE NAME				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, 3		☐ Delete	NAME	ET ADDRESS ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREE				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREE				☐ Change	☐ Addition
TITLE			Delete	title				☐ Change	Addition

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91200 008 ***150.00



12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all others, with all others, and the empowered?

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP