

**FOR PROFIT CORPORATION  
2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **647824**

1. Entity Name

**SUPREME DECORATORS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2035 VAN BUREN STREET**

Suite, Apt. #, etc.

**C/o HOLLYWOOD PLAZA HOTEL**

City & State

**HOLLYWOOD, FL**

3. Mailing Address

**2035 VAN BUREN STREET**

Suite, Apt. #, etc.

**C/o HOLLYWOOD PLAZA HOTEL**

City & State

**HOLLYWOOD, FL**

Zip

**33020**

Country

**USA**

Zip

**33020**

Country

**USA**

4. FEI Number

**59-1959096**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**ELLIOT LEVY**

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

**11322 ROUNDDELAY ROAD**

City

**COOPER CITY**

**FL**

Zip Code  
**33026**

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)

**3/31/02**

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 \$6125  
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	<b>PD ELLIOT LEVY 11322 ROUNDDELAY ROAD COOPER CITY, FL 33026</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LEVY, REBECCA B 4050 N 50th AVENUE HOLLYWOOD, FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>DO NOT WRITE IN THIS SPACE</b>		

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 like empowered.

SIGNATURE: *Elliot M. Levy* ELLIOT LEVY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/02**

**(954)961-2662**

Date

Daytime Phone #

CR2E034B (12/01)