

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90134 020 ***150.00

2002 **FOR PROFIT CORPORATION
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

3. Mailing Address

2035 VAN BUREN STREET

Suite, Apt. #, etc.

c/o HOLLYWOOD PLAZA HOTEL

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

59-1959096

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

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

ELLIOT LEVY

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

11322 ROUNDELAY 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)

DATE

3/31/02

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	PD ELLIOT LEVY 11322 ROUNDELAY ROAD COOPER CITY, FL 33026	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEVY, REBECCA B 4050 N 50th AVENUE HOLLYWOOD, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIOT LEVY

Date

3/31/02

Daytime Phone #

(954)961-2662

CR2E034B (12/01)