

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90085 036 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

70026896

DOCUMENT # 647824			
1. Entity Name SUPREME DECORATORS, INC.			
Principal Place of Business 2035 VAN BUREN STREET C/O HOLLYWOOD PLAZA HOTEL HOLLYWOOD, FL 33020		Mailing Address 2035 VAN BUREN STREET C/O HOLLYWOOD PLAZA HOTEL HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address 4050 N. 50 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOLLYWOOD, FL	
Zip	Country	Zip	Country
		33021	
4. FEI Number 59-1959096		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, ELLIOT 11322 ROUNDELAY ROAD COOPER CITY, FL 33026		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when dissolving) DATE _____			
FILE NOW WITH FEE IS \$160.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, ELLIOT 11322 ROUNDELAY ROAD COOPER CITY, FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. LEVY, ELLIOT M. 4050 N. 50 AVE HOLLYWOOD FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 other like empowered.			
SIGNATURE: ELLIOT M. LEVY		Date 954-961-2662	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Daytime Phone #	

CR-2034 (10/02)