2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2003 8:00 am Secretary of State

1. Entity N	UMENT # F0339 PRIBEN INTERIORS INC.	92		02-25-2003 90133 035 ***150.00
Principal Place of Business 751 PARK OF COMMERCE DR. #110 BOCA RATON FL 33487 Mailing Address 751 PARK OF COMMERCE BOCA RATON FL 33487			E DR#110	
2. Principa	Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State City & State		City & State		4. FEI Number 59-2035276 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current	Registered Agent		Fee Required
-			Name	7. Name and Address of New Registered Agent
	, THOMAS J			
751 PARK OF COMMERCE DRIVE STE. 110 Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33487				
			City	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 tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!!: FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Make Check Payable to Florida Department of State				
10.	OFFICERS AND I			
TITLE	VP	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	LIGHTMAN, BETSY 10718 KIRKALDY LANE BOCA RATON FL 33498	ш Бераге	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Chan
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAMB, LIZA 6461 PUMPKIN SEED CIRCLE # 2 BOCA RATON FL 33433	□ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 문
TITLE Name Street address City-St-Zip	P MORRIS, THOMAS J. 1220 NE 3RD STREET #308 FT LAUDERDALE FL	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	_	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME TREET ADORESS ITY-ST-ZIP		☐ Deficie	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE AME IREET ADORESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
2. I hereby co- indicated of of the corp changed of	ertify that the information supplied with this on this report or supplemental report is truoration or the receiver or trustee empower that the characteristics.	s filing does not qualify for the e and accurate and that my si red to execute this report as re	exemption stated in S gnature shall have the equired by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director. 307, Florida Statutes: and that my name a cook is a florid for

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