

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90093 044 ***150.00

DOCUMENT # F54741

1. Entity Name

J & R INTERIOR DESIGNERS, INC.

Principal Place of Business

**14291 SW 142 ST
MIAMI FL 33186**

Mailing Address

**14291 SW 142 ST
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

1921 N.W. 129 Terr
Suite, Apt. #, etc.

1921 N.W. 129 Terr
Suite, Apt. #, etc.

City & State

City & State

miami FL

miami FL

Zip

Country

Zip

Country

33167

Dade

33167

Dade

6. Name and Address of Current Registered Agent

**LEWIS, JEFFREY
1921 N.W. 129 TERR.
MIAMI FL 33167**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

9. This corporation is eligible to satisfy its Intangible

- Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LEWIS, JEFFREY**
STREET ADDRESS **1921 N.W. 129 TERR.**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **LEWIS, RETA E.**
STREET ADDRESS **1921 N.W. 129 TERR.**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEWIS, LLOYD**
STREET ADDRESS **1921 N.W. 129 TERR.**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEWIS, JUANITA**
STREET ADDRESS **1921 N.W. 129 TERR.**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
Signature and Typed or Printed Name of Signing Officer or Director

4-12-02

305-235-1348

Date

Daytime Phone #

CR2E034 (9/01)