DOCUMENT # F57349 1. Entity Name JESTAN INTERIOR DESIGN, INC.						FILED Aug 08, 2000 8:00 am Secretary of State					
Principal Plac			-	08-08-2000 9001							
3014 MAINSAI JUPITER FL 33	L CR	3014 MAINSAIL CR JUPITER FL 33477									
		•							IRVI ALATI IRAI		
,	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		4. 1	FEI Number 60-1806528			oplied For ot Applicable]	
Zip	Country	Zip	Coun	try			.75 Add Require	5 Additional equired			
	6. Name and Address of Curr	rent Registered Agent		·	7. 1	lame and Address of New Register					
046	Name		J]				
SACHS, NINA 3014 MAINSAIL CR				Street Address (P.O. Box Number is Not Acceptable)							
JUPITER FL 33477				,							
				City			FL	Zip Code	э	-	
8. The above	named entity submits this stateme	ent for the purpose of changing its	s registere	ed office or registe	red ag	ent, or both, in the State of Florida.	•	<u> </u>		1	
SIGNATURE _	Signature, typed or printed name of registered of	agent and title if applicable. (NO	TE: Registere	d Agent signature require	d when re	instating) DA	TE				
9. This corpo Tax filing re (See criteri	gible FILE NOW After SEPTEMBER Make Check Paya	13, 2000	Min. will be \$75		10. Election Campaign Financing Trust Fund Contribution.			0 May Be I to Fees	1		
11.		AND DIRECTORS	12,		AD	I DITIONS/CHANGES TO OFFICERS	AND DI	RECTORS	S IN 11	1_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SACHS, NINA 3014 MAINSAIL CR JUPITER FL	☐ Delete		I] Change	☐ Addition	R2E034 (5/00)	
TITLE NAME STREET ADDRESS	OST TEXT E	☐ Delete	TITLE NAMI STRE	ŀ] Change	☐ Addition		
CITY-ST-ZIP		- 10 - 100m	CITY	-ST-ZIP						_	
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CITY-ST-ZIP				-ST-ZIP	·			- - - *		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		f) Change	Addition		
TITLE		☐ Delete	TITLE			a a garante		Change	☐ Addition	1	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE		☐ Delete	TITLE	l		- Manual Lang		Change	☐ Addition	1	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											