in Block

2002 UNIFORM BUSINESS REPORT (UBR)

h an address, with all

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment

SIGNATURE:

Feb 14, 2002 8:00 am DOCUMENT # F92000000573 **Secretary of State** 1. Entity Name 02-14-2002 90023 028 ***150 00 HARVEY HERMAN INTERIOR DECORATING LTD., CORPORAT ION Principal Place of Business Mailing Address 33 SE SEVENTH ST 250 W 57TH ST SUITE I SUITE 732 **BOCA RATON FL 33432** NEW YORK CITY NY 10107-0799 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-2599976 Not Applicable Zip Country ~Cōuntry ~ \$8.75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERMAN, HARVEY Street Address (P.O. Box Number is Not Acceptable) 2100 N OCEAN BLVD #16A FORT LAUDERDALE FL 33305 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00₋May.Be 10. Election Campaign Financing Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550:00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change Addition HERMAN, HARVEY NAME 2100 N OCEAN BLVD # 16 A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP TITLE VP . ☐ Delete TITLE ☐ Change ☐ Addition NAME GARTNER LEONARD NAME STREET ADDRESS 250 W 57TH ST # 732 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10107** TITLE ☐ Delete TITLE ☐ Change ☐ Addition S NAME SOLOMON, RALPH NAME 500 SE MIZNER BLVD APT 803A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BLOCK, BRUCE** NAME STREET ADDRESS 70-31 108TH ST STREET ADDRESS CITY-ST-ZIP FOREST HILLS NY 11375 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2015. (17.2027) (2.00) 2016. Herzen (18.00) (2.00) 2016. Herzen (18.00) (2.00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 12 in Block 12