

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90053 041 \*\*\*150.00

**DOCUMENT # F92000000573**



1. Entity Name  
**HARVEY HERMAN INTERIOR DECORATING LTD., CORPORAT  
ION**

Principal Place of Business  
**33 SE SEVENTH ST  
SUITE I  
BOCA RATON FL 33432  
US**

Mailing Address  
**250 W 57TH ST  
SUITE 732  
NEW YORK CITY NY 10107-0799  
US**

**90018860**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2599976**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERMAN, HARVEY  
2100 N OCEAN BLVD  
#16A  
FORT LAUDERDALE FL 33305**

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 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**

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 **CP** ☐ Delete  
NAME **HERMAN, HARVEY**  
STREET ADDRESS **2100 N OCEAN BLVD # 16 A**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

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

TITLE **VP** ☐ Delete  
NAME **GARTNER LEONARD**  
STREET ADDRESS **250 W 57TH ST # 732**  
CITY-ST-ZIP **NEW YORK NY 10107**

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

TITLE **S** ☐ Delete  
NAME **SOLOMON, RALPH**  
STREET ADDRESS **500 SE MIZNER BLVD APT 803A**  
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **T** ☐ Delete  
NAME **BLOCK, BRUCE**  
STREET ADDRESS **70-31 108TH ST**  
CITY-ST-ZIP **FOREST HILLS NY 11375**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**HARVEY HERMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HARVEY HERMAN JAN. 24, 2003**

Date

Daytime Phone #

**HUNE (954) 567-8386**  
**OFFPRE: (561) 394-8386**

0617617 AT

CR2E034 (10/02)