FROM : LORI DUZOGLOU INTERIORS INC FAX NO. :

Sep. 19 2000 11:13AM P2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001646

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 PM 1:00

1. Entity Name

LORI DUZOGLOU INTERIORS, INC.

Principal Place of Business	Mailing Address
240 CRANDON BLVD SUITE 201 KEY BISCAYNE FL 33149	~~240 CRANDON BLVD SUITE 201~~ ~~KEY BISCAYNE FL 33149-1543~~ mailing address LORI DUZOGLOU INTERIORS INC C/O MITCHELL A. SILVER &CO. P.O.BOX 223592 HOLLYWOOD, FLORIDA 33022-3592

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip County

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2326098 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUZOGLOU, LORI
260 CRANDON BLVD. STE 32519
KEY BISCAYNE FL 33149

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, 2000 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
PSTD DUZOGLOU, LORI 760 GLENRIDGE ROAD KEY BISCAYNE FL	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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****550.00 ****550.00

10/18

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: Lori Duzoglou 9/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #