2002 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2002 8:00 am Secretary of State F96466 DOCUMENT # 1. Entity Name TED STAHL INTERIOR DESIGN, INC. 01-17-2002 90043 013 ***150.00 Principal Place of Business Mailing Address P. O. BOX 330699 P. O. BOX 330699 COCONUT GROVE FL 33233-0699 COCONUT-GROVE FL 33233-0699 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 59-2211363 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stahl, Alwin E. Stahl, alwin e Street Address (P.O. Box Number is Not Acceptable) 3171 ROYAL ROAD 2867 Day Avenue **COCONUT GROVE FL 33133** Zip Code **3313**3 City Coconut Grove 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition STAHL, ALWIN E NAME Stahl, Alwin E. NAME of Address 3171 ROYAL ROAD STREET ADDRESS STREET ADDRESS 2867 Day Avenue COCONUT GROVE FL CITY-ST-ZIP CITY-ST-ZIP Coconut Grove, Florida 33133 ☐ Change ☐ Addition TIT! F Delete TITLE stahl. Alwin e NAME NAME of Address Stahl, Alwin E. 3171 ROYAL ROAD STREET ADDRESS STREET ADDRESS 2867 Day Avenue COCONUT GROVE FL CITY-ST-7IP CITY-ST-7IP Coconut Grove, Florida 33133 TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

*t*ësident

SIGNATURE:

Davtime Phone #

FILED