

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90281 009 ***150.00

DOCUMENT # F97000004425

1. Entity Name

LOUISE L. AVERBACK INTERIORS, INC.

Principal Place of Business

Mailing Address

**129 SUNSET BAY DRIVE
 PALM BEACH GARDEN FL 33418**

**129 SUNSET BAY DRIVE
 PALM BEACH GARDEN FL 33418**

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

04-2767380

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

**AVERBACK, LOUISE L
 129 SUNSET BAY DRIVE
 PALM BEACH FL 33418**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PTCD**
 STREET ADDRESS **AVERBACK, LOUISE L**
 CITY-ST-ZIP **129 SUNSET BAY DRIVE
 PALM BEACH GARDEN FL 33418**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **AVERBACK, LEWIS**
 CITY-ST-ZIP **129 SUNSET BAY DRIVE
 PALM BEACH GARDEN FL 33418**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Louise L. Averbach

Feb 24, 02

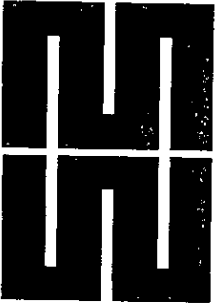
561-691-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



MILLER WACHMAN LLP
CERTIFIED PUBLIC ACCOUNTANTS

40 Broad Street
Boston, MA 02109
tel: (617) 338-6800
fax: (617) 338-8485
email: boston@millerwachman.com

Attachment

#79700004825/608242

Offices in:
Holliston and Worcester

Forms: UBR

Date: 2/15/02

Period: 12/31/01

Client: LOUISE L. AVERBACK INTERIORS INC

Instructions

The attached tax returns must be dated and signed by OFFICER
on page 1, where indicated, and mail on or before 3/15/02

TO: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

☒ Enclose remittance of \$ 150 payable to _____

DEPARTMENT OF STATE

() You are entitled to a refund /credit of \$ _____

() Remaining installments will be due on or before:

<u>Date</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Enclosed are copies for your files.