

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90016 002 \*\*\*150.00

0298725

**DOCUMENT # G14731**

1. Entity Name

**CAROLE KORN INTERIORS, INC.**

Principal Place of Business

**GALLERY CENTER  
 622 BANYAN TR  
 BOCA RATON FL 33431  
 US**

Mailing Address

**GALLERY CENTER  
 622 BANYAN TR  
 BOCA RATON FL 33431  
 US**

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 **59-2340040**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, ESQ., LEWIS N.  
 STE 1570, ONE BISCAYNE TOWER  
 MIAMI FL 33131**

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, 2001 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: PD  
 NAME: KORN, CAROLE  Delete  
 STREET ADDRESS: 622 BANYAN TRAIL  
 CITY-ST-ZIP: BOCA RATON FL

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

TITLE: DCS  
 NAME: KORN, RONALD J.  Delete  
 STREET ADDRESS: 622 BANYAN TRAIL  
 CITY-ST-ZIP: BOCA RATON FL

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

TITLE: T  
 NAME: TUCKMAN, SCOTT  Delete  
 STREET ADDRESS: 622 BANJAN TRAIL  
 CITY-ST-ZIP: BOCA RATON FL

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

TITLE: AVP  
 NAME: BARNES, RICHARD  Delete  
 STREET ADDRESS: 622 BANYAN TRAIL  
 CITY-ST-ZIP: BOCA RATON FL

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

TITLE:  Delete  
 NAME: Officer Jim Demars  
 STREET ADDRESS: 622 Banyan Trail  
 CITY-ST-ZIP: Boca Raton, Fl. 33431

TITLE:  Change  Addition  
 NAME: D. Chairmen of the Board  
 STREET ADDRESS: Louis S. Weltman  
 CITY-ST-ZIP: 622 Banyan Trail

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME: D.T. Jill K. Weltman  
 STREET ADDRESS: 622 Banyan Trail  
 CITY-ST-ZIP: Boca Raton, Fl. 33431

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

Date

561  
 997-2999

Daytime Phone #

CR2E034 (10/00)