## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H38467**

1. Entity Name

## BRIAN BLACK INTERIORS, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

1448 HARRISON PT DR N PALM BCH FL 33410 PO BOX 7069

3. Mailing Address

WEST PALM BEACH FL 33405-7069

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## **FILED** Mar 20, 2000 8:00 am Secretary of State 03-20-2000 90009 012 \*\*\*150.00

| Zip Country Zip Country Size Country Size Country S. Centificate of Status Desired S. Sa. 75 Additional Fee Required Fee R  | Suite, Apt.  | #, etc.                                       | Suite, Apt. #, etc.                  |                  |                         | DO NOT WRITE IN THIS SPACE                          |                          |               |                 |               |
|---|--------------|---|--------------------------------------|------------------|-------------------------|---|--------------------------|---------------|-----------------|---------------|
| Second Status   Second   Sec    | City & State | ө   | City & State                         | ate              |                         | 4. FEI Number 59-2488844 Applied For Not Applicable |                          |               |                 |               |
| BLACK, BRIAN 1448 HARBOR PT DR N PALM BCH FL 33410  City FL  City FL  Zip Code  Code  City FL  Zip Code  Code  Code  City FL  Zip Code  | Zip          | Zip Country Zip Cou                           |                                      |                  |                         | 5. Certificat                                       | e of Status Desired      |               | \$8.75 Add      | ditional      |
| BLACK, BRIAN 1448 HARBOR PT DR N PALM BCH FL 33410  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 Plotidae.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See orderia on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 STREET ADDRESS  1448 HARBOR PT DR  1776 MAKE  1776 MAKE  1777 ST-Zip Deelee  1777 ST-Zip Deelee  1777 ST-Zip Deelee  1778 MAKE  1778 Deelee  1778 Deelee  1778 MAKE  1778 MAKE  1778 Deelee  1778 MAKE  1778 MAKE  1778 MAKE  1778 Deelee  1778 MAKE  1778 MA  |              | 6. Name and Address of Cu                     | rrent Registered Agent               |                  |                         | 7. Name an  | d Address of New R       | egistered /   | \gent           |               |
| 1448 HARBOR PT DR N PALM BCH FL 33410  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida  SIGNATURE  Signature, broad or prised registered agent, or both, in the State of Porida  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  ITILE  PD  SIRET ADDRESS  CITY-S1-2P  1716  Delete  TITE  NAME  SIRET ADDRESS  CITY-S1-2P  TITE  SIRET ADDRESS  CITY-S1-2P    |              |   |                                      |                  | Name                    |   |                          |               |                 |               |
| 1448 HARBOR PT DR N PALM BCH FL 33410  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida  SIGNATURE  Signature, broad or prised registered agent, or both, in the State of Porida  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  ITILE  PD  SIRET ADDRESS  CITY-S1-2P  1716  Delete  TITE  NAME  SIRET ADDRESS  CITY-S1-2P  TITE  SIRET ADDRESS  CITY-S1-2P    | BLAC         | CK. BRIAN                                     |                                      | Street Address   | s (P.O. Box Numb        | per is Not Acceptable                               | <u> </u>                 |               |                 |               |
| 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to safety its Intangible Tax tiling requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE  NAME  SIREET ADDRESS  CITY-ST-2P  TILE  SIREET ADDRESS  CITY-ST-2P  TILE  SIREET ADDRESS  CITY-ST-2P  TILE  SIREET ADDRESS  CITY-ST-2P  TILE  SIREET   |              |   |                                      |                  | Olicot Address          | s (r.o. box rame                                    |                          |               |                 |               |
| ### Title 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 individual selection of purpose of changing its registered office or registered agent, or both, in the State of Florida.  ### Signature individual selection of purpose of changing its registered office or registered agent, or both, in the State of Florida.  ### Signature individual selection of purpose of changing its registered office or registered agent, or both, in the State of Florida.  ### Signature individual selection of purpose of changing its registered office or registered agent, or both, in the State of Florida.  ### Signature individual selection of purpose of changing its registered office or registered agent, or both, in the State of Florida.  ### Signature individual selection of purpose of changing its registered office or registered agent, or both, in the State of Florida.  ### Signature individual selection of purpose of changing its registered office or registered agent, or both, in the State of Florida.  ### Signature individual selection of purpose of changing its registered office or registered agent, or both, in the State of Florida.  ### Signature individual selection of purpose of changing its registered office or registered agent, or both, in the State of Florida.  ### Signature individual selection of purpose of change individual selection of purpose of the State of Personal selection of the State of Florida.  ### Signature individual selection of state of State of Personal selection of State of Personal selection of State of S  | N PA         | ALM BCH FL 33410                              |                                      |                  |                         |   |                          |               |                 |               |
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| Tax filing requirement and elects to do so. (See criteria on back)  Atter MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME SIRECT ADDRESS CITY-ST-2IP  TITLE NAME SIRECT ADDRESS CITY-ST-2IP  NAME SIRECT ADDRESS CITY-ST-2IP  TITLE NAME SIRECT ADDRESS SIRECT ADDRESS CITY-ST-2IP  TITLE NAME SIRECT ADDRESS SIRECT ADDRESS CITY-ST-2IP  TITLE NAME SIRECT ADDRESS SIRECT ADD | SIGNATURE .  | Signature, typed or printed name of registere | ed agent and title if applicable. (I | NOTE: Registered | d Agent signature requi | red when reinstating)                               |                          | DATE          | <u> </u>        | <del></del> - |
| Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  NAME  SIRECT ADDRESS  CITY-ST-2IP  NAME  SIRECT ADDRESS  CITY-ST-2IP  TITLE  SIRECT ADDR | 9 This corne | oration is eligible to satisfy its Inta       | angible FILE NO                      | W!!! FEE         | IS \$150.00             | 1.5   |                          |               | 45.5            |               |
| Make Check Payable to Department of State   11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   11   12  | •            | <u>-</u>                                      |                                      |                  |                         | <b>1</b>  | , -                      |               | \$5.0<br>Added  |               |
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| 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 informal 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 direction of the corporation or the receiver or the steel empowered to execute this report as regulated by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block   | 13. I hereby | certify that the information supplied         | ed with this filing does not qualify | y for the exe    | mption stated in        | Section 119.07(3                                    | i)(i), Florida Statutes. | I further cer | tify that the i | nformation    |

changed, or on an attachment

SIGNATURE