

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90105 023 ***150.00

0368019 AV

DOCUMENT # H74801

1. Entity Name
INTERIORS BY JANET, INC.

Principal Place of Business

**C/O JANET FRIEDMAN
 10609 WHEELHOUSE CIR.
 BOCA RATON FL 33428**

Mailing Address

**C/O JANET FRIEDMAN
 10609 WHEELHOUSE CIR.
 BOCA RATON FL 33428**



2. Principal Place of Business

3. Mailing Address

1070 NW 4 STREET

1070 NW 4 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

59-2576811

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIEDMAN, JANET
 10609 WHEELHOUSE CIR.
 BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

FRIEDMAN, STACEY

Street Address (P.O. Box Number is Not Acceptable)

1070 NW 4 STREET

City

BOCA RATON

FL

Zip Code

33486

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

TITLE **VP** ☐ Delete
 NAME **FRIEDMAN, STACEY**
 STREET ADDRESS **3950 NORTH 45 AVENUE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **FRIEDMAN, STACEY**
 STREET ADDRESS **SAME**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/02
 Date

Daytime Phone #

CR2E034 (9/01)