

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J41781

1. Entity Name

INTERIOR IMAGE ART GALLERY, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90233 050 \*\*\*150.00

Principal Place of Business

Mailing Address

701 E PALMETTO PK RD  
 BOCA RATON FL 33432  
 US

701 E PALMETTO PK RD  
 BOCA RATON FL 33432-5103  
 US

2. Principal Place of Business

3. Mailing Address

911 SE 11 ST  
 Suite, Apt. #, etc.

911 SE 11 ST  
 Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BEACH FL

DEERFIELD BEACH FL

Zip

Country

Zip

Country

33441

USA

33441

USA

4. FEI Number

59-2745268

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

BEAUREGARD, SUSAN  
 911 SE 11 STREET  
 DEERFIELD BEACH FL 33441

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, 2000 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 VD  
 STREET ADDRESS BEAUREGARD, MARC G.  
 CITY-ST-ZIP 911 S.E. 11TH ST.  
 DEERFIELD BEACH FL

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

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS BEAUREGARD, SUSAN  
 CITY-ST-ZIP 911 S.E. 11TH ST.  
 DEERFIELD BEACH FL

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

*Susan Beauregard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (954) 481-3677  
 Date Daytime Phone #