2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # .174460



FILED Mar 20, 2003 8:00 am Secretary of State

Y NICOLE	INTERIORS, INC.						03-20-2003 90	149 035 ***1	50.00	
Principal Place of Business 2910 N FEDERAL HWY #B BOCA RATON FL 33431 US 2. Principal Place of Business			Mailing Address 2910 N FEDERAL HWY #B BOCA RATON FL 33431 US 3. Mailing Address							
t. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
ate		City_8	State		· ' « -	4. F	FE! Number 58-17394.17		Applied For Not Applicable	
Zip Country		Zip		Coun	Country		- · · · · · · · · · · · · · · · · · · ·	□ \$8.75	Additional	
6. Name	Registered	egistered Agent		7. Name and Address of New Registered Agent						
					Name		·····			
				Street Addre	ss (P.O. B	ox Number is Not Acceptable)				
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NTON FL 334		paparan na napangan paparangan b		City	·		FL Zip (Code		
e named entity ations of registe	submits this statement for ered agent.	or the purpos	se of changing its	s registere	ed office or regi	stered age	ent, or both, in the State of Florid	da. I am familiar w	ith, and accept	
Signature, typed o	or printed name of registered agent	and title if applic	able. (NO)	F: Registerer	Arrent signature regu	Lifed when rei	incrating	DATE		
	• }					1	Transfer in the second of the	, DATE		
r May 1, 200	3 Fee will be \$550.00	I:State-	_ •				Trust Fund Contribution.		5.00 May Be ded to Fees	
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n	01110211071113	Diricoroni		-		ADI	DITIONS/CHANGES TO OFFICE			
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2910 N FE	DERAL HWY STE B		☐ Delete	NAME STREE	T ADDRESS			☐ Chang	ge Addition	
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			☐ Delete	TITLE NAME STREE	ADDRESS			Chang	e 🔲 Addition	
	Place of Businese FRAL HWY N FL 33431 Place of Businese FRAL HWY N FL 33431 Place of Businese FRAL HWY The FLEISHNEF	Y NICOLE INTERIORS, INC. Ice of Business ERAL HWY N FL 33431 Place of Business I. #, etc. Ite Country 6. Name and Address of Current ER, KENNETH M. EDERAL HWY ATON FL 33432 In pamed entity submits this statement for the statement of	Y NICOLE INTERIORS, INC. Ice of Business ERAL HWY 2910 N #B N FL 33431 BOCA US Place of Business 1. #, etc. Suite, Country Zip 6. Name and Address of Current Registered ER, KENNETH M. EDERAL HWY ATON FL 33432 e named entity submits this statement for the purpositions of registered agent. Signature, typed or printed name of registered agent and title if applications of registered agent. Signature, typed or printed name of registered agent and title if applications of registered agent. OFFICERS AND DIRECTORS D FLEISHNER, KENNETH M. 2910 N FEDERAL HWY STE B BOCA RATON FL D FLEISHNER, CYNTHIA S 2910 N FEDERAL HWY STE B	Y NICOLE INTERIORS, INC. The of Business	Y NICOLE INTERIORS, INC. ICC OF Business FRAL HWY 2910 N FEDERAL HWY #B BOCA RATON FL 33431 IS Place of Business 3. Mailing Address L. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Tip Tip Tip Tip Tip Tip Tip Ti	Y NICOLE INTERIORS, INC. The property of the purpose of changing its registered Agent approximate regi	Y NICOLE INTERIORS, INC. Cee of Business Ce	Mailing Address FRAL HWY #B BOCA ARTON FL 33431 US Place of Business 1. Mailing Address US Place of Business 2910 N FEDERAL HWY #B BOCA ARTON FL 33431 US Place of Business 3. Mailing Address US US Country Zip Country Zip Country S. Cerificate of Slatus Desired 6. Name and Address of Current Registered Agent Name FR, KENNETH M. EDERAL HWY TON FL 33432 City Street Address (P.O. Box Number is Not Acceptable) TON FL 33432 City Street Address of Registered agent, or both, in the State of Fonditions of registered agent, or both, in the State of Fonditions of registered agent. By make typed or printed name of registered agent and disk if applicable Desired Agent agent agent accepted agent, or both, in the State of Fonditions of registered agent. By make typed or printed name of registered agent a	Maling Address Place of Business Place of Business Maling Address Place of Business 3. Maling Address BOCA RATON FL BOCA RATON	

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 10 or Block 11 if chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

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