

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
 04-11-2002 90950 001 ***300.00

DOCUMENT # K05722

1. Entity Name
S.O.S. INTERIOR DECORATION, INC.

Principal Place of Business

**1130 S POWERLINE RD
 SUITE 102
 DEERFIELD BEACH FL 33442
 US**

Mailing Address

**1130 S POWERLINE RD
 SUITE 102
 DEERFIELD BEACH FL 33442
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1130 S. Powerline Rd
 Suite 102**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deerfield Bch. FL

City & State

Zip
33442

Country
USA

Zip

Country

4. FEI Number
65-0052149

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AOVIDA, ARMAD
 1130 S POWERLINE RD SUITE 102
 SUITE 112
 DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name **Suzanne Rickard**
 Street Address (P.O. Box Number is Not Acceptable)
1130 S. Powerline Rd # 102
 City **Deerfield Beach FL** Zip Code **33442**

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 **Suzanne Rickard** **3.28.02**
 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 NAME STREET ADDRESS CITY-ST-ZIP	P CHANOHA, AFIF 420 S DIXIE HWY #2B CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURLEY, MELISSA 1130 S. POWERLINE ROAD DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AOVIDA, ARMAD 19891 OSLO CT BOCA RATON FL 33434 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Emad Aovida 4045 NW 59 PLACE BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Marlene 4045 NW 59 PLACE BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Emad Aovida** **4.1.02** **421.6442**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0384626 AV

CR2E034 (9/01)