

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K05722

FILED  
Apr 25, 2003  
Secretary of State

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

## Current Principal Place of Business:

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

## Current Mailing Address:

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

FEI Number: 65-0052149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

299 W. CAMINO GARDENS BLVD.  
SUITE 301  
BOCA RATON, FL 33432 US

## New Mailing Address:

299 W. CAMINO GARDENS BLVD.  
SUITE 301  
BOCA RATON,, FL 33432 US

## Name and Address of Current Registered Agent:

RICKARD, SUZANNE  
1130 S POWERLINE RD SUITE 102  
SUITE 102  
DEERFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

HAJAREE, ALICIA C  
299 W. CAMINO GARDENS BLVD.  
SUITE 301  
BOCA RATON, FL 33432 US

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: ALICIA HAJAREE

04/25/2003

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

### OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHANOHA, AFIF  
Address: 420 S DIXIE HWY #2B  
City-St-Zip: CORAL GABLES, FL 33146

Title: T (X) Delete  
Name: AOVIDA, EMAD  
Address: 4045 NW 59 PLACE  
City-St-Zip: BOCA RATON, FL 33496

Title: D (X) Delete  
Name: AOVIDA, MARLENE  
Address: 4045 NW 59 PLACE  
City-St-Zip: BOCA RATON, FL 33496

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AOVIDA, EMAD  
Address: 3180 HARRINGTON DRIVE  
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMAD AOVIDA

P

04/25/2003

Electronic Signature of Signing Officer or Director

Date