2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K43254** May 05, 2000 8:00 am Secretary of State RALSTON INTERIOR DESIGN, INC. 05-05-2000 90025 041 ***150.00 Mailing Address Principal Place of Business 3043 GRAND AVE PH 2 3043 GRAND AVE PH 2 MIAMI FL 33133-2360 FL 33131-3409 3. Mailing Address 2. Principal Place of Business 2250 SAME 2350 S. DI XIE HM S. DIXIG HWY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0135278 Not Applicable fL MIAMI MIAM \$8.75 Additional Country Country DADE 5. Certificate of Status Desired 🚣 🕳 🔲 😞 33133 Fee Required - DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHERWIN ROSS SHERWIN, ROSS Street Address (P.O. Box Number is Not Acceptable) 3043 GRAND AVENUE PH #2 S-38 S. DIXIE HWY MIAMI FL 33133 MIAMI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE 2250 5. DIXIE HWY 5-3B ROSS, SHERWIN NAME NAME STREET ADDRESS 3043 GRAND AVENUE PH2 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33133** MIAMI ☐ Change Addition □ Detete TITLE SANDRA FISHER-ROSS FISHER/ROSS, SANDRA NAME NAME 2250 5. DIXIE HWY 38 STREET ADDRESS STREET ADDRESS 3043 GRAND AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

305 8565399

Change

☐ Addition

CR2E034 (9/99)