

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90212 041 ***150.00

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DOCUMENT # K43254

1. Entity Name
RALSTON INTERIOR DESIGN, INC.



Principal Place of Business
**2250 S DIXIE HWY
3B
MIAMI FL 33133**

Mailing Address
**2250 S DIXIE HWY
3B
MIAMI FL 33133**

11034006



2. Principal Place of Business
**1541 BRICKELL AVENUE
Suite, Apt. #, etc.
B-3603**

3. Mailing Address
**SAME AS NEW PLACE
Suite, Apt. #, etc.
BUSINESS**

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State

4. FEI Number
65-0135278

Applied For
Not Applicable

Zip
33129

Country
DADE

Zip

Country

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

6. Name and Address of Current Registered Agent

**SHERWIN, ROSS
2250 S DIXIE HWY
S-3B
MIAMI FL 33133**

7. Name and Address of ~~Current~~ Registered Agent

Name
SHERWIN ROSS
Street Address (P.O. Box Number is Not Acceptable)
1541 BRICKELL AVENUE, B-3603
City
MIAMI FL Zip Code
33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SHERWIN ROSS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, SHERWIN 2250 S DIXIE HWY S-3B MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FISHER/ROSS, SANDRA 2250 S DIXIE HWY 3B MIAMI FL 33133	<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
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	1541 BRICKELL AVENUE, B-3603 MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1541 BRICKELL AVENUE, B-3603 MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SHERWIN ROSS** **SHERWIN ROSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

305 856 5399

Daytime Phone #

CR2E034 (10/02)