## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # L70886** 1. Entity Name ADELE GOLD INTERIORS, INC. 04-20-2001 90187 047 \*\*\*150.00 Principal Place of Business Mailing Address 5800 CAMINO DEL SOL 5800 CAMINO DEL SOL **EDDOODOU** SUITE 200 SUITE 200 **BOCA RATON FL 33433** BOCA RATON FL 33433 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0190536 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUADALUPE, MANUEL Street Address (P.O. Box Number is Not Acceptable) 5800 CAMINO DEL SOL SUITE 200 **BOCA RATON FL 33433** City Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE GUADALUPE, ADELE NAME STREET ADDRESS STREET ADDRESS 5800 CAMINO DEL SOL, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME GUADALUPE, MANUEL STREET ADDRESS STREET ADDRESS 5800 CAMINO DEL SOL, SUITE 200 CITY-ST-ZIP CITY-ST-ZiP **BOCA RATON FL 33433** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

SIGNATURE:

SIGNATURE AND TYPED OF