

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90726 002 \*\*\*150.00

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DOCUMENT # **M06272**

1. Entity Name  
**RHODA LENKOFFSKY INTERIORS, INC.**

Principal Place of Business <b>C/O RHODA LENKOFFSKY          9661 N.W. 16TH STREET          PEMBROKE PINES FL 33024</b>	Mailing Address <b>C/O RHODA LENKOFFSKY          9661 N.W. 16TH STREET          PEMBROKE PINES FL 33024</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>16277 N.W. 20 ST.</b>	3. Mailing Address <b>16277 N.W. 20 ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pembroke Pines, FL</b>	City & State <b>Pembroke Pines, FL</b>	4. FEI Number <b>59-2454212</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33028</b>	Country <b>BROWARD</b>	Zip <b>33028</b>	Country <b>BROWARD</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	7. Name and Address of New Registered Agent Name <b>RHODA LENKOFFSKY</b> Street Address (P.O. Box Number is Not Acceptable) <b>16277 N.W. 20 ST.</b> City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33028</b>
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6. Name and Address of Current Registered Agent  
**LENKOFFSKY, RHODA  
 9661 N.W. 16TH. STREET  
 PEMBROKE PINES FL 33024**

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 *Rhoda Lenkoffsky*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LENKOFFSKY, RHODA 9661 N.W. 16TH. STREET PEMBROKE PINES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>LENKOFFSKY</del></b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Rhoda Lenkoffsky (Rhoda Lenkoffsky)* **4/1/02** **954-435-2149**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)