

2000 UNIFORM BUSINESS REPORT (UBR)

01-08-2001 90023 047 ***900.00

DOCUMENT # M20479
 1. Entity Name
ULTIMATE INTERIORS, INC.

Principal Place of Business Mailing Address
 20247 N.E. 15TH COURT 20247 N.E. 15TH COURT
 N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179

2. Principal Place of Business 3. Mailing Address
20233 NE 15th Suite, Apt. #, etc.
 Suite, Apt. #, etc. City & State
 City & State City & State
 Zip Country Zip Country



FILED
 01 JAN 29 AM 10:05
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent
RYSHARD, HEIDI
2917 OAK PARK CIRCLE
DAVIE FL 33328

4. FEI Number **59-2583491** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Heidi Ryshard* 1/23/01
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so **FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 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	PD RYSHARD, HEIDI 2917 OAK PARK CIRCLE DAVIE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 regulate 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 or other like empowered.

SIGNATURE: *Heidi Ryshard* 11/28/00 **KE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)