

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90157 047 \*\*\*150.00

**DOCUMENT # M32170**

1. Entity Name

**INTERIOR DIMENSIONS OF SOUTH FLORIDA, INC.**



Principal Place of Business

**5813 NW 82ND TERR  
FORT LAUDERDALE FL 33321**

Mailing Address

**5813 NW 82ND TERR  
FORT LAUDERDALE FL 33321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #: etc.

Suite, Apt. #: etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2693896**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FEINSTEIN, RICHARD**

**5813 NW 82ND TERR**

**FORT LAUDERDALE FL 33321**

7. Name and Address of New Registered Agent

Name

**RICHARD FEINSTEIN**

Street Address (P.O. Box Number is Not Acceptable)

**3324 W. UNIVERSITY AVE #231**

City

**Gainesville**

FL

Zip Code

**32607**

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

*[Signature]*

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

TITLE: **PVS** ☐ Delete  
NAME: **FEINSTEIN, RICHARD**  
STREET ADDRESS: **5813 NW 82ND TERR**  
CITY-ST-ZIP: **FORT LAUDERDALE FL 33321**

TITLE: **TD** ☐ Delete  
NAME: **FEINSTEIN, RICHARD**  
STREET ADDRESS: **5813 NW 82ND TERR**  
CITY-ST-ZIP: **FORT LAUDERDALE FL 33321**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PVS** ☒ Change ☐ Addition  
NAME: **RICHARD FEINSTEIN**  
STREET ADDRESS: **3324 W. UNIVERSITY AVE #231**  
CITY-ST-ZIP: **Gainesville FLA 32607**

TITLE: **TD** ☒ Change ☐ Addition  
NAME: **RICHARD FEINSTEIN**  
STREET ADDRESS: **3324 W. UNIVERSITY AVE**  
CITY-ST-ZIP: **Gainesville FLORIDA 32607**

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)