FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 28, 2002 8:00 am Secretary of State **DOCUMENT#** M55435 1. Entity Name LE DES INTERIORS, INC. 07-28-2002 90177 004 ***150.00 Principal Place of Business Mailing Address P.O. BOX 523287 675548 P.O. BOX 523287 MIAMI FL 33152 MIAMI FL 33152 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0022815 Zip Not Applicable Country -5. Certificate of Status Desired \$8:75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, DESIDERIO Street Address (P.O. Box Number is Not Acceptable) 11241 NW 62 TERRACE **MIAMI FL 33178** City 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 SIGNATURE 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME HERNANDEZ, DESIDERIO ☐ Addition NAME STREET ADDRESS 11241 NW 62 TERRACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME Change NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Delete TITLE NAME □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS 13. I hereby certify that the information supplied with indicated on this report or suppliemental report is of the corporation or the receiver of trusted management with an additional content of the corporation of the corp his flir g does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

changed, or on an attachment w

accurate and that my signature shall have the same legil effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statute; and that my name appears in Block 11 or Block 12 if

Affachment

M55435

July 24, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box-1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am sending a new UBR with the check enclosed in the amount of \$150.00. Today I spoke with Matt Andrews and he informed me that I had been mailed correspondence in May advising me that my check and the amount did not match. You therefore returned the check. I never received this correspondence.

I am mailing out a new check and a new UBR.

If you have any questions, please contact me at (305) 639-4431.

Sincerely

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