

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M84777

1. Entity Name

INTERIOR COLLECTIONS & DESIGN BY KADI, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90611 003 \*\*\*150.00

Principal Place of Business 12168 N W 9TH DR CORAL SPRINGS FL 33076 US	Mailing Address 12168 NW 9TH DR CORAL SPRINGS FL 33071-5015 US
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2. Principal Place of Business 1847 University DR.	3. Mailing Address 12168 N.W. 9th DR.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Coral Springs FL	City & State Coral Springs FL
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Zip 33071	Country Broward	Zip 33071	Country Broward
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6. Name and Address of Current Registered Agent MALEKI, KADI 12168 NW 9TH DR. CORAL SPRINGS FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Kadi Maleki DATE 4/20/00

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALEKI, KADI 12168 N.W. 9TH DR. NOR CORAL SPRINGS FL 33071	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)(f), 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:

MALEKI, KADI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 - (954) 340-2420  
Date Daytime Phone #

CR2E034 (9/99)