

2000 UNIFORM BUSINESS REPORT (UBR)

0005472 AF

DOCUMENT # M94000000031

1. Entity Name
HOME DESIGN INTERNATIONAL, L.C.

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10500 NW 50 ST.
SUITE 103
SUNRISE FL 33351

Mailing Address

10500 NW 50 ST.
SUITE 103
SUNRISE FL 33316-3106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2260 SE 17th St Causeway
Suite, Apt. #, etc.

3. Mailing Address

2260 SE 17th St Causeway
Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip 33316

Country

Zip

33316

Country

4. FEI Number

65-0471500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLOUKHOVSKOI, ALEXANDER
10500 NW 50 ST.
SUITE 103
SUNRISE FL 33351

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 *[Signature]* president

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 7, 00.

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GLOUKHOVSKOI, ALEXANDER 10500 NW 50 ST. SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003219614--5 04/24/00 01226-005 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

[Signature] Alexander Gloukhovskoi

Apr 7, 00. (954) 768-04-20

CR2E083 (9/99)