

2001 UNIFORM BUSINESS REPORT (UBR)

0012358 AF

DOCUMENT # M94000000031

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

FILED

01 APR 26 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2260 SE 17 STR. CAUSWAY
FT LAUDERDALE FL 33316

Mailing Address

2260 SE 17 STR. CAUSWAY
FT LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0471500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE M ☐ Delete
NAME GLOUKHOVSKOI, ALEXANDER
STREET ADDRESS 10500 NW 50 ST.
CITY-ST-ZIP SUNRISE FL 33351

TITLE M ☒ Change ☐ Addition
NAME GLOUKHOVSKOI, Alexander
STREET ADDRESS 1260 SE 17 St.
CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04.18.01

954 768 0420

Date

Daytime Phone #

CR2E083 (11/00)