

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90143 015 *****50.00

DOCUMENT # M94000000031-

1. Entity Name

HOME DESIGN INTERNATIONAL, L.C.

Principal Place of Business

**2260 SE 17 STR. CAUSWAY
 FT LAUDERDALE FL 33316**

Mailing Address

**2260 SE 17 STR. CAUSWAY
 FT LAUDERDALE FL 33316**

2. Principal Place of Business

2470 Del Lago Dr

Suite, Apt. #, etc.

3. Mailing Address

2470 Del Lago Dr

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33316

Country

Broward

Zip

33316

Country

Broward

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **M** ☐ Delete
 NAME **GLOUKHOVSKOI, ALEXANDER**
 STREET ADDRESS **2260 SE 17 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

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

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME **Gloukhovskoi, Alexander**
 STREET ADDRESS **2470 Del Lago Dr.**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

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

TITLE ☐ Change ☐ Addition
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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

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

04.27.02 9547680420

Date

Daytime Phone #

CR2E083 (9/01)