

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004455

1. Entity Name

SOUTH FLORIDA INTERIORS OF THE PALM BEACHES, INC

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90075 011 \*\*\*150.00

Principal Place of Business

3745 NW 23RD CT.  
BOCA RATON FL 33431

Mailing Address

3745 NW 23RD CT.  
BOCA RATON FL 33431

2. Principal Place of Business

1015 Bel Air Drive

Suite, Apt. #, etc.

Apt. 1

3. Mailing Address

1015 Bel Air Dr

Suite, Apt. #, etc.

Suite 1

City & State

Highland Beach FL

City & State

Highland Beach FL

4. FEI Number

65-0978968

Applied For

Not Applicable

Zip

33487

Country

US

Zip

33487

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZUCKER, ELIZABETH  
3745 NW 23RD CT.  
BOCA RATON FL 33431

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PRESIDENT**  
STREET ADDRESS **Elizabeth Zucker**  
CITY-ST-ZIP **3745 N.W. 23 CT  
BOCA RATON, FL 33431**

TITLE ☐ Delete  
NAME **SECRETARY**  
STREET ADDRESS **MAGGIE CHAPPELEAR**  
CITY-ST-ZIP **1015 Bel Air Drive Apt 1  
Highland Beach, FL 33487**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **~~VICE PRESIDENT~~**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 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:

**Maggie Chappellear**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

(561) 272-0057

Daytime Phone #

CR2E034 (10/00)