

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90010 025 ***150.00

DOCUMENT # P00000014272

1. Entity Name
FABIAN INTERIORS, INC.

Principal Place of Business Mailing Address
1864 NE 142ND STREET 1864 NE 142ND STREET
NORTH MIAMI FL 33181 NORTH MIAMI FL 33181

2: Principal Place of Business 3: Mailing Address
2144 NE 162 Street 2144 NE 162 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
North Miami Beach, FL North Miami Beach, FL
 Zip Country Zip Country
33162 USA 33162 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0979479** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
INGALLINA, ROBERTO FABIAN
1864 NE 142ND STREET
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent
 Name **Ingallina, Roberto Fabian**
 Street Address (P.O. Box Number is Not Acceptable)
2144 NE 162 Street
 City **North Miami Beach FL** Zip Code **33162**

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 DATE **1-8-02**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGALLINA, ROBERTO F 1864 NE 142ND STREET MIAMI FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ingallina, Roberto F. 2144 NE 162 Street North Miami Beach, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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)(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 a true address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1-8-02** Daytime Phone # **305.948.3211**

CR2E034 (9/01)