

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90156 006 \*\*\*150.00

DOCUMENT # *P00000014272*

1. Entity Name  
*FABIAN INTERIORS INC.*



**DO NOT WRITE IN THIS SPACE**

90094645

2. Principal Place of Business  
*2144 NE 162 ST*

3. Mailing Address  
*2144 NE 162 ST*

DO NOT WRITE IN THIS SPACE

City & State  
*NORTH MIAMI BEACH FL*

City & State  
*NORTH MIAMI BEACH FL*

4. FEI Number  
*65-0979479*

Applied For  
Not Applicable

Zip  
*33162*

Country  
*USA*

Zip  
*33162*

Country  
*USA*

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*INGALLINA ROBERTO FABIAN*

Street Address (P.O. Box Number is Not Acceptable)  
*2144 NE 162 ST*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

DATE  
*4.15.03*

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*P INGALLINA ROBERTO FABIAN  
2144 NE 162 ST  
NORTH MIAMI BEACH FL 33162*

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *4.15.03* DAYTIME PHONE #: *305.948.3211*

CR2E034B (12/02)