

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State
 05-03-2001 90964 049 ***150.00

DOCUMENT # P00000015341

1. Entity Name
REFLECTIONS INTERIORS, INC.

Principal Place of Business 5921 RAVENSWOOD ROAD BUILDING B BAY B13 FORT LAUDERDALE FL 33312	Mailing Address 5921 RAVENSWOOD ROAD BUILDING B BAY B13 FORT LAUDERDALE FL 33312
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48219



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5935 Ravenwood Rd Suite, Apt. #, etc. Bldg E - Bay E-5 Ft. Laud. Fla	3. Mailing Address 5935 Ravenwood Rd Suite, Apt. #, etc. Bldg E - Bay E-5 Ft. Laud. FL
City & State Ft. Laud. Fla	City & State Ft. Laud. FL
Zip 33312	Country Broward

4. FEI Number **65-0940941** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
 Name **Sander**
 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 _____ (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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	PSD ORTEGA, CONCHITA 5921 RAVENSWOOD ROAD BUILDING B BAY B13 FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROMERO, RAMIRO 5921 RAVENSWOOD ROAD BUILDING B BAY B13 FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Conchita Ortega** **2-19-01 954-9812670**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)