

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90072 046 ***150.00

DOCUMENT # P00000016254

1. Entity Name
DRAPED IN DRAPES, INC.

Principal Place of Business

8169 NW 60 STREET
MIAMI FL 33166

Mailing Address

12511 NW 11TH LANE
MIAMI FL 33182

2. Principal Place of Business

8169 NW 60 ST
 Suite, Apt. #, etc.

3. Mailing Address

8169 NW 60 ST.
 Suite, Apt. #, etc.

City & State

Miami FL 33166

City & State

Miami FL

Zip

Country

Zip

Country

33166

4. FEI Number

59-3625518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, PATRICIA STD
12511 NW 11LANE
MIAMI FL 33182

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

Patricia Rodriguez **PATRICIA RODRIGUEZ Vice President 2/6/02**

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, 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

TITLE **PD** ☐ Delete
NAME **VALDES, YURI I**
STREET ADDRESS **12511 NW 11TH LANE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **RODRIGUEZ, PATRICIA**
CITY-ST-ZIP **12511 NW 11TH LANE**
MIAMI FL 33182

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia Rodriguez **PATRICIA RODRIGUEZ Vice President 2/6/02 305 406 2550**

CR2E034 (9/01)