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2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-02-2001 90088 027 ***150.00

DOCUMENT # P00000030194

1. Entity Name

PICASSO INTERIOR DESIGN INC.

Principal Place of Business

Mailing Address

12391 S.W. 97TH TERRACE
MIAMI FL 3318612391 S.W. 97TH TERRACE
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

9010 SW 137 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

110

City & State

City & State

Miami FL

Zip

Country

33186

Country

4. FEI Number

65-0999004

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LAM, PAULINA O
12391 S.W. 97TH TERRACE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name: Jose Lam

Street Address (P.O. Box Number is not acceptable)

13727 SW 152 ST
Suite 284

City: Miami

FL

33186

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

Signed by or for 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAM, PAULINA O	
STREET ADDRESS	13727 S.W. 152ND STREET SUITE 284	
CITY-ST-ZIP	MIAMI FL 33177	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAM, JOSE	
STREET ADDRESS	13727 S.W. 152ND STREET SUITE 284	
CITY-ST-ZIP	MIAMI FL 33177	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Daytime Phone #

CR2E034 (10/00)