

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

5/1

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-13-2002 90198 030 ****55.00
06-18-2002 90488 030 ***104.75

DOCUMENT # **P00000067097** ✓

1. Entity Name

STUART BROWN INTERIORS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3647 CORAL TREE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
3647 CORAL TREE CIRCLE
Suite, Apt. #, etc.

City & State
COCONUT CREEK

City & State
COCONUT CREEK

4. FEI Number
65-1031603

Applied For
Not Applicable

Zip
33073

Country
U.S.A

Zip
33073

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **STUART BROWN**

Street Address (P.O. Box Number is Not Acceptable)
3647 CORAL TREE CIRCLE

City **COCONUT CREEK** FL Zip Code **33073**

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.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STUART BROWN
3647 CORAL TREE CIRCLE
COCONUT CREEK, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Stuart Brown **STUART BROWN** 4/30/02 (954)978-6993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



Attachment
869544

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 21, 2002

STUART BROWN INTERIORS, INC.
2529 SE 19TH PLACE
MIAMI, FL 33035

Subject: **STUART BROWN INTERIORS, INC.**

Reference Number: **P00000067097**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$95.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION