

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90167 045 ***150.00

DOCUMENT # P00000067979

1. Entity Name

~~HOME AND HEART'S DESIRES, INC.~~

DESIGN ONE INTERIORS, INC.



Principal Place of Business
8553 BOCA RIO DRIVE
BOCA RATON FL 33433

Mailing Address
8553 BOCA RIO DRIVE
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1024747

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUCINE, IONA
8553 BOCA RIO DRIVE
BOCA RATON FL 33433

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PUCINE, IONA
STREET ADDRESS 8553 BOCA RIO DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jonah Pucine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0405021 AV

CR2E034 (10/02)

FROM : REED and CO

Attachment

PHONE NO. : 561 368 9519

Aug. 13 2003 02:46PM P2

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August 13, 2003

Uniform Business Report
DIVISION OF CORPORATIONS
P. O. Box 1500
Tallahassee, FL. 32302-1500

Dear Gentleman:

I received your notice regarding the monies owed in the amount of \$550.00. I kindly asked for the forgiveness of the excess fees due to failure to pay before May 1. It was an oversight on my part due to drastic changes in my business during the first months of the year. I have been punctual on prior years, and did not intentionally delay payment.

Enclosed please find a check in the amount of \$150.00., and the completed UBR form.

I would greatly appreciate your understanding, and I apologize for any inconvenience this may have caused.

Respectfully yours,



Iona Pucina
President