

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
2003-UBR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000081017**

1. Corporation Name

EMERALD HILLS DECORATORS, INC.

Principal Place of Business

Mailing Address

~~3894 MEADOW LN.~~
HOLLYWOOD FL 33021

~~3894 MEADOW LN.~~
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~2141 STIRLING ROAD~~
Suite, Apt. #, etc.

~~2141 STIRLING ROAD~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2000

5. FEI Number

65-1047154

Applied For

Not Applicable

City & State
DANIA FL

City & State
DANIA FL

Zip **33312** Country **USA**

Zip **33312** Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ANTEBI, MORDECHAI	3894 MEADOW LANE	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANTEBI, MORDECHAI
3894 MEADOW LANE
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/02

12/2/02 0017188 AV

MOYAL ACCOUNTING SERVICES

**208 N. University Drive
Pembroke Pines, Fl 33024
(954) 4230-3930 ph
(954) 430-3939 fax**

August 8, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

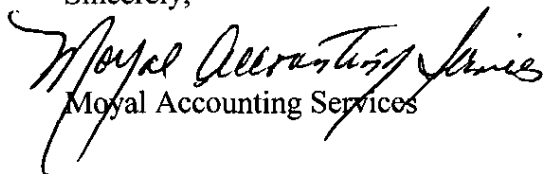
**Re: Annual Report for Emerald Hills Decorations, Inc.
Document# P00000081017**

Dear Sir or Madam:

Enclosed please find a check for the annual fee of Emerald Hills Decorator for 2002. Mr. Mordechai is requesting your help in waiving the fees and penalties due to the fact he never received the Uniform Business Report because he moved to another location. Attached please find a copy of the change of address done in November and still they sent it to the wrong location.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,


Moyal Accounting Services