

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90003 035 ***150.00

DOCUMENT # P00000101800
 1. Entity Name
INTERIOR DOMAIN ANTIQUES AND ACCENTS, INC.

Principal Place of Business Mailing Address
290 ESPLANADE, #52 **290 ESPLANADE, #52**
BOCA RATON FL 33432 **BOCA RATON FL 33432**

2. Principal Place of Business 3. Mailing Address
280 ESPLANADE #52 **7130 VIA FIRENZE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
BOCA RATON FL **BOCA RATON FL** **65-1057292** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33432 **Palm Beach** **33433** **Palm Beach** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SCHECHTER, ELLEN Name
1900 NW CORPORATE BLVD. Street Address (P.O. Box Number is Not Acceptable)
SUITE 400 EAST City FL Zip Code
BOCA RATON FL 33431

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
PEARL, DENNIS			
280 ESPLANADE, #52			
BOCA RATON FL 33432			

13. 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 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: Dennis Pearl Date: 4/16/01 Daytime Phone #: 561-917-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)