

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90009 009 ***558.75

007411 AV

DOCUMENT # P00000106507

1. Entity Name

WALL COVERINGS HUNG, INC.

Principal Place of Business

**22218 ALYSSUM WAY
 BOCA RATON FL 33433**

Mailing Address

**22218 ALYSSUM WAY
 BOCA RATON FL 33433**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22218 5278 TENNIS LANE

3. Mailing Address

5278 TENNIS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH FL

4. FEI Number

65-1056013

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33484

Country

USA

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BELOT, FRANK
 22218 ALYSSUM WAY
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **BELOT, FRANK**
 Street Address (P.O. Box Number is Not Acceptable)
5278 TENNIS LANE
 City **DELRAY BEACH FL** Zip Code **33484**

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.

(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) **X**

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **STD** ☐ Delete
 NAME **BELOT, FRANK**
 STREET ADDRESS **22218 ALYSSUM WAY**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PD** ☐ Delete
 NAME **BELOT, MARINA**
 STREET ADDRESS **22218 ALYSSUM WAY**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01
 Date

361 445 2218
 Daytime Phone #

CR2E034 (5/01)