

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107592

1. Entity Name

INTERIOR EMPIRE, INC.

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90038 013 \*\*\*155.00

Principal Place of Business

12291 S.W. 144 TERRACE  
MIAMI FL 33156

Mailing Address

12291 S.W. 144 TERRACE  
MIAMI FL 33156

2. Principal Place of Business

13632 SW 142 Ave.  
Suite, Apt. #, etc.

3. Mailing Address

12291 SW 144 Terrace  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1055920

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCOBAR, JAIME  
12291 S.W. 144 TERRACE  
MIAMI FL 33156  
82

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.

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) ☒

**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 PSD ☐ Delete  
NAME ESCOBAR, JAIME  
STREET ADDRESS 12291 S.W. 144 TERRACE  
CITY-ST-ZIP MIAMI FL 33156

TITLE PSD ☒ Change ☐ Addition  
NAME Escobar, Jaime  
STREET ADDRESS 12291 SW 144 TE.  
CITY-ST-ZIP Miami, FL 33186

TITLE D ☐ Delete  
NAME DIAZ, MARIA D  
STREET ADDRESS 12291 S.W. 144 TERRACE  
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☒ Change ☐ Addition  
NAME Diaz, Maria Del Rosario  
STREET ADDRESS 12291 SW 144 TE.  
CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)