## FILED 2002 Uniform Business Report (UBR) Mar 25, 2002 8:00 am Secretary of State P00000114002 **DOCUMENT #** 1. Entity Name 03-25-2002 90132 038 \*\*\*150 00 M & D INTERIORS, INC Principal Place of Business Mailing Address 4513 N.W. 193RD TERR 4513 N.W. 193RD TERR MIAMI FL 33055 MIAMI FL 33055 2. Principal Place of Business 3. Mailing Address 4925 NW 196 ter 4925 NU 196ter DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1062147 Miumi Minon, Not Applicable Country-\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRANDA, RAIDEL Street Address (P.O. Box Number in Net Acceptable) 4513 N.W. 193RD TERR MIAMI FL 33055 Mismi 73 3°8 5°5 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 3/12/02 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 'ATLE ☐ Delete TITLE Change Addition CR2E034 /9/01 MIRANDA, RAIDEL NAME 4925 NW 196 terr NAME 4513 N.W. 193RD TERR STREET ADDRESS STREET ADDRESS **MIAMI FL 33055** . ©ity-st-zip CITY ST-ZIP miami, FL 33055 VΡ TITLE ☐ Delete TITLE ☐ Change Addition DIAZ, FRANCISCO NAME NAME 21435 NW 39TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP miami FL 33055 CITY-ST-ZIP TITLE . Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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