

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006405

1. Entity Name  
INTERIOR WINDOW FASHIONS, INC.

Principal Place of Business

9847 SUN POINT DR.  
BOYNTON BCH FL 33437

Mailing Address

9847 SUN POINT DR.  
BOYNTON BCH FL 33437

2. Principal Place of Business

7693 TRAPANI LANE

Suite, Apt. #, etc.

BOYNTON BEACH, FL.

3. Mailing Address

P.O. BOX 244552

Suite, Apt. #, etc.

BOYNTON BEACH, FL.

City & State

Zip 33437

Country PALM BEACH

Zip 33424

Country PALM BEACH

6. Name and Address of Current Registered Agent

RAZIANO, NICOLE

9847 SUN POINT DR.  
BOYNTON BCH FL 33437

Name

RAZIANO, NICOLE

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

7693 TRAPANI LANE

City

BOYNTON BEACH

FL

Zip Code 33437

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, 2002 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

TITLE D  
NAME RAZIANO, JOHN  
STREET ADDRESS 9847 SUN POINT DR.  
CITY-ST-ZIP BOYNTON BCH FL 33437

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE RAZIANO, JOHN  
NAME  
STREET ADDRESS 7693 TRAPANI LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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:

*John Razzano* DIREC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-02

561-414-4990

Daytime Phone #

FILED  
May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90158 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1067512

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CR2E034 (9/01)