## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 11, 2002 8:00 am Secretary of State P01000007153 **DOCUMENT#** 07-11-2002 90240 021 \*\*\*150.00 1. Entity Name ROSE D. POLEY INTERIORS, INC. Mailing Address Principal Place of Business 5701 DESCARTES CIRCLE 5701 DESCARTES CIRCLE **BOYNTON BEACH FL 33434 BOYNTON BEACH FL 33434** 3. Mailing Address 2. Principal Place of Business 57:1 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City State Not Applicable **\$8.75**. Additional Country 5.: Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE WEINSTEIN, ROSE P NAME NAME STREET ADDRESS **5701 DESCARTES CIRCLE** STREET ADDRESS **BOYNTON BEACH FL 33434** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete SVD TITLE NAME WEINSTEIN, ROBERT NAMÉ STREET ADDRESS 5701 DESCARTES CIRCLE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33434** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 of the corporation of 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 of the corporation of the receiver or trustee empowered or one of the corporation of the receiver or trustee empowered or one of the corporation of the receiver or trustee empowered or one of the receiver of the corporation of the receiver of the receiv changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

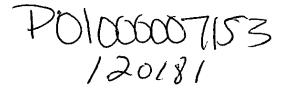
STREET ADDRESS

CITY-ST-ZIP

FILED

AHACHM CNT Rose D. Poley Interiors

Rose D. Poley Interiors 5701 Descartes Circle Boynton Beach, FL 33437 561/374-8506



July 8, 2002

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

-To Whom-It May Concern:

I am writing this letter to tell you that I did not receive your request for filing fee prior to this one, and am deducting the \$400.00 late fee as per our phone conversation earlier today,

I am filling out the form and enclosing my check in the amount of \$150.00 as we discussed.

Thank you very much for your consideration.

Yours truly,

Rose D. Poley Weinstein

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