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FILED
May 29, 2002 8:00 am
Secretary of State
04-29-2002 90149 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019159

1. Entity Name

ENVISIONS INTERIORS, INC

DO NOT WRITE IN THIS SPACE

[redacted]

87940

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2. Principal Place of Business	3. Mailing Address
1111 Brickell Ave	
Suite, Apt. #, etc. 11th Floor	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33131 Country	Zip Country

4. FEI Number 65-1079580 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name O. ARTURO AGUIAR

Street Address (P.O. Box Number is Not Acceptable) 16320 SW 89 PL

City Miami FL Zip Code 33167

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] (NOTE: Registered Agent signature required when reinstating) 5/23/2002 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE
NAME O. ARTURO AGUIAR	NAME
STREET ADDRESS 16320 SW 89 PL	STREET ADDRESS
CITY-ST-ZIP Miami, FL 33167	CITY-ST-ZIP
TITLE D	TITLE
NAME BABAK OREYZI	NAME
STREET ADDRESS 1-95 EDGEWATER DR #9	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33133	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
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NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-15-02 Date 305-913-2424 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR