

2002

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90053 037 \*\*\*150.00

DOCUMENT # P01 0000 19862

1. Entity Name

ARCHITECTURAL INTERIORS & DESIGN GROUP Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

PO BOX 811902

3. Mailing Address

PO BOX 811902

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

BOCA RATON, FL

City &amp; State

BOCA RATON, FL

4. FEI Number

65-1077163

Applied For

Not Applicable

Zip

33481

Country

USA

Zip

33481

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

CARLOS F. HERRERA

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

416 ASBURY WAY

City

BOYNTON BEACH

FL

Zip Code

33426

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

Carlos F. HerreraCARLOS HERRERA4-15-02

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) ☐

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	<u>P.O.</u>
NAME	<u>CARLOS F. HERRERA</u>
STREET ADDRESS	<u>416 ASBURY WAY</u>
CITY-ST-ZIP	<u>BOYNTON BEACH, FL 33426</u>

TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE  
IN THIS SPACE**

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos F. Herrera CARLOS HERRERA 4/15/02 561-310-3158

Date

Daytime Phone #

CR2E034B (12/01)