

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90452 004 ***150.00

DOCUMENT # P01000051527

1. Entity Name

KASSANDRA INTERIOR, INC.

Principal Place of Business

**20454 NE 15 CT
 NORTH MIAMI FL 33179**

Mailing Address

**20454 NE 15 CT
 NORTH MIAMI FL 33179**

2. Principal Place of Business

2045 NE 15 CT

Suite, Apt. #, etc.

3. Mailing Address

20454 NE 15 CT

Suite, Apt. #, etc.

City & State

N. Miami Florida

City & State

N. Miami Florida

4. FEI Number

65-1107090

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSE, PAULETTE
 20454 NE 15 CT
 NORTH MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **PD** ☐ Delete
 NAME **ROSE, PAULETTE**
 STREET ADDRESS **196 22 NE 1ST AVE**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **VD** ☐ Delete
 NAME **ROSE, KENNETH**
 STREET ADDRESS **196 22 NE 1ST AVE**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **TSD** ☐ Delete
 NAME **CARSWELL, KIM**
 STREET ADDRESS **196 22 NE 1ST AVE**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/02
 Date

(305) 655-7597
 Daytime Phone

CR2E034 (9/01)