

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91511 049 ***150.00

DOCUMENT #

1. Entity Name **KASSANDRA INTERIORS INC**



DO NOT WRITE IN THIS SPACE

10089751

2. Principal Place of Business

20454 NE 15 CT

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 695127

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

miami FLORIDA

City & State

miami FLORIDA

4. FEI Number

0716933153

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

332695127

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bryant Accountant

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

847 NW 119 St Suit 205

City

miami

FL

Zip Code

33168

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P = PRESIDENT
NAME	Paulette ROSE
STREET ADDRESS	19622 NE 1st AVE
CITY - ST - ZIP	miami FLA 33179
TITLE	V = VICE PRESIDENT
NAME	KENNETH ROSE
STREET ADDRESS	19622 NE 1st AVE
CITY - ST - ZIP	miami FL 33179
TITLE	S = SECRETARY
NAME	Kim Caeswell
STREET ADDRESS	19622 NE 1st AVE
CITY - ST - ZIP	miami FL 33179
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paulette ROSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/03

Date

(772) 873-5437

Daytime Phone #

CR2E034B (12/02)