## FOR PROFIT CORPORATION **CUMFORM BUSINESS REPORT (UBR)** DOCUMENT # P01000088210 FILED 1. Entity Name Grand Interiors, Inc. 02 DEC 10 PM 12: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 8200 N.W. 41 Street 8200 N.W. 41 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite # 325 Suite # 325 City & State City & State 4. FEI Number Applied For Florida Miami Miami florida Not Applicable Country Country \$8.75 Additional *3*3166 5. Certificate of Status Desired 33166 Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O: Box Number is Not Acceptable) 8200 NW 41 Street IN THIS SPACE City Hlami Zip Code 33166 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 Gabriela Bahad President January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee Is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE Presiden+ 700009437567 12/10/02--01051--012 \*\*150.00 8200 NW 41 Street, Suite #325 Mami Florida 33166 Vice President Gabriela Bahad NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Lisa Harvey 8200 NW 41St., Suite #325 NAME STREET ADDRESS STREET ADDRESS Miami, Florida 33166 CITY-ST-ZIE CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIF CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 office for 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Gabriela Bahad. President. 12

Q 12/11

## GRAND INTERIORS, INC.

December 5, 2002

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to inform the Division of Corporations that I never received any notices or any Uniform Business Report; I ask that you waive the reinstatement fee and reinstate my corporation, Grand Interiors, Inc. Document #P01000088210. Enclosed please find the application for reinstatement and the Uniform Business Report that I downloaded from the Internet, with a check for \$150.00 made payable to the Department of State.

Sincerely,

Salville Salvall
Gabriela Bahad
President

8200 N.W. 41 STREET • MIAM!, FLORIDA • 33166 PHONE: 786-866-2730 • FAX: 786-866-2731