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

DOCUMENT #

1. Entity Name

P02000074076

THE D INTERIORS OF LAS OLAS, INC.



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91257 027 ***150.00

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2. Principal Place of Business 401 E. LAS OLAS BLVD SuiSUITE 150

3. Mailing Address 401 E. LAS OLAS BLVD

SuiteS101 TEC 150

DO NOT WRITE IN THIS SPACE

94083824

City & State FORT LAUDERDALE, FL

City & State FORT LAUDERDALE, FL

4. FEI Number 13-4220434

Applied For Not Applicable

33301

Country BROWARD

33301

Country **BROWARD**

5. Certificate of Status Desired

\$8.75 Additional

Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name MCGRANE, BARRY D.

Street Address (P.E. Bax Also OLAS BLVD, #150

FORT LAUDERDALE, FL

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. January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00 Amended UBR is \$61.25

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE III F MCGRANE, BARRY D. NAME NAME 401 E LAS OLAS BLVD, #150 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY+ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby 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:

CR2E034B (12/02)