

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

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

05-03-2004 91257 027 ***150.00

DOCUMENT #

P02000074076

1. Entity Name

THE D INTERIORS OF LAS OLAS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 E. LAS OLAS BLVD

3. Mailing Address

401 E. LAS OLAS BLVD

Suite 150

Suite 150

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

13-4220434

Applied For

Not Applicable

Zip

33301

Country

BROWARD

Zip

33301

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MCGRANE, BARRY D.

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

401 E. LAS OLAS BLVD, #150

City

FORT LAUDERDALE, FL FL 33301

**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

P/T/S

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MCGRANE, BARRY D.
401 E LAS OLAS BLVD, #150
FORT LAUDERDALE, FL 33301

TITLE
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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:

Barry D. McGrane, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

954 573-5888

Daytime Phone #

CR2E034B (12/02)