

DOCUMENT # P92000005809

1. Entity Name  
SHOWPLACE INTERIORS, INC.

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90046 044 \*\*\*150.00

Principal Place of Business      Mailing Address  
% MISTY GRAY      % MISTY GRAY  
11 VIA CARRARA      11 VIA CARRARA  
PALM BEACH GARDENS FL 33418      PALM BEACH GARDENS FL 33418  
US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
2501 A Burns Rd.      2501 A Burns Rd.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Palm Beach Gdns, FL      Palm Beach Gdns, FL  
Zip      Zip  
33410      33410  
Country      Country  
Palm Beach      Palm Beach

4. FEI Number      65-0405019      Applied For  
Not Applicable  
5. Certificate of Status Desired      ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
BRAMS, DANIEL J  
1645 PALM BEACH LAKES BLVD.  
SUITE 1050  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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.

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, 2001 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	D	<input type="checkbox"/> Delete	
NAME	WIENER, PATRICK		
STREET ADDRESS	11 VIA CARRARA		
CITY-ST-ZIP	PALM BEACH GARDENS FL		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	GRAY, MISTY		
STREET ADDRESS	11 VIA CARRARA		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick Wiener      Date      1-16-01      Daytime Phone #      776-7606