

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062390

1. Entity Name

DE MARE WALLCOVERINGS, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90024 022 ***150.00

Principal Place of Business	Mailing Address
3474 N UNIVERSITY DR STE 246 SUNRISE FL 33351 US	3474 N UNIVERSITY DR STE 246 SUNRISE FL 33351-6722 US

2. Principal Place of Business		3. Mailing Address	
3474 N University Dr.		8911 NW 26th Pl	
Suite, Apt. #, etc. PMB 246		Suite, Apt. #, etc.	
City & State Sunrise FL		City & State Sunrise FL	
Zip 33351	Country US	Zip 33322	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0434440** | Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE MARE, PIETER
4988 N UNIVERSITY DR
STE 163
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3474 N University Drive
Ste 246
City Sunrise FL Zip Code 33351

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

1-25-00

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, 2000 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	DE MARE, PIETER	
STREET ADDRESS	3474 N UNIVERSITY DR STE 246	
CITY-ST-ZIP	SUNRISE FL 33351	

TITLE	VP	<input type="checkbox"/> Delete
NAME	DEMARE, JENNIFER	
STREET ADDRESS	3474 N UNIVERSITY DR STE 246	
CITY-ST-ZIP	SUNRISE FL 33351	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

Daytime Phone #