2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000018267 DOCUMENT

1. Entity Name

INTERFACE PROPERTIES, INC.

I WE

FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90118 035 ***150.00

Suite Apt # ctc. Suite, Apt #, etc. CHCK HERE IF MAKING CHANGES City & State CHy & State CHY & State A. FEI Number 65-0489400 Applicative A. FEI Number 65-0489400 Applicative Not Applicate for Not Applicated For Not	Principal Place of Business 2300 GLADES ROAD SUITE 230 W BOCA RATON FL 33431 US 2. Principal Place of Business			Mailing Address 2300 GLADES ROAD SUITE 230 W BOCA RATON FL 33431 US 3. Mailing Address											
Zip Country Zip Country Signature September 2 Country Signature September 2 Country Signature September September September Signature September Se	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
Country St. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Addition	City & State				City & State			4.	4. FEI Number 65-0489400						
6. Name and Address of Current Registered Agent GOODMAN, KENNETH 200 GLADES ROAD SUITE 230W BDCA RATON FL 33431 City FL Zip Code 6. 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 and she statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 - After May 1, 2005 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. ITILE GOODMAN, DANIEL STREET ADDRESS 1200 N. FEDERAL HWY SUITE 200 BOCA RATON FL Delete ITILE DO GOODMAN, CAROL 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. ITILE DO GOODMAN, CAROL 1200 N. FEDERAL HWY SUITE 200 BOCA RATON FL GOODMAN, CAROL 110	Zip	Zip Country			Zip Cou			5.	Certificate of	of Status	Desired		\$8.75 A	dditional	
Size Address P.O. Box Number is Not Acceptable		6. Name	and Address of Current	Register	ed Agent	!		7.	Name and	Address	of New Re	gistered			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	GOODMA	N. KENNET					Name						-		
SUITE 230W BOCA RATON FL 33431 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synatrom, typed or privated name of registered agent and role of applicable. (NOTE Registered Agent agreature required when reinitialing) After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME GOODMAN, DANIEL 1200 N. FEDERAL HWY SUITE 200 BOCA RATON FL GOODMAN, CAROL 23 00 Bladles Rd #23 0 W STREET ADDRESS STREET ADDRESS GITY-ST-ZP GOODMAN, CAROL 1200 N. FEDERAL HWY STE 200 BOCA RATON FL GOODMAN, CAROL 1200 N. FEDERAL HWY STE 200 BOCA RATON FL GOODMAN, CAROL 1200 N. FEDERAL HWY STE 200 BOCA RATON FL GOODMAN, CAROL 1200 N. FEDERAL HWY STE 200 BOCA RATON FL GOODMAN, CAROL 1200 N. FEDERAL HWY STE 200 BOCA RATON FL GOODMAN, CAROL 1200 N. FEDERAL HWY STE 200 BOCA RATON FL GOODMAN, CAROL 1200 N. FEDERAL HWY STE 200 BOCA RATON FL GOODMAN, CAROL 1200 N. FEDERAL HWY STE 200 BOCA RATON FL GOODMAN, CAROL 1200 N. FEDERAL HWY STE 200 BOCA RATON FL GOODMAN, CAROL 1200 N. FEDERAL HWY STE 200 BOCA RATON FL GREET ADDRESS GITY-ST-ZP GOODMAN, CAROL 111			•				Street A	et Address (P.O. Box Number is Not Acceptable)							
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE			l31				0							 .	
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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 supplymental 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 received or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

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SIGNATURE:

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