

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037885

1. Entity Name

ANITA'S INTERIORS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90005 039 \*\*\*150.00

Principal Place of Business

429 SEABREEZE BLVD.  
SUITE 217  
FORT LAUDERDALE FL 33316

Mailing Address

429 SEABREEZE BLVD.  
SUITE 217  
FORT LAUDERDALE FL 33316-1632

2. Principal Place of Business

1815 GRIFFIN ROAD

3. Mailing Address

1815 GRIFFIN ROAD

Suite, Apt. #, etc.

STE. 102

Suite, Apt. #, etc.

STE. 102

City & State

DANIA, FL

City & State

DANIA FL

4. FEI Number

59-3281578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM R. RUPP  
2190 S.E. 17TH STREET  
#211  
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

STAN KLEIN

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

1815 GRIFFIN RD., STE. 102

City DANIA FL 33004

FL

33004

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

*Stan Klein* Stan Klein

4/14/00

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, 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 ☐ Delete  
NAME D UNGER, ANITA  
STREET ADDRESS 429 SEABREEZE BLVD., STE. 217  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Delete  
NAME D UNGER, WILLIAM L JR.  
STREET ADDRESS 429 SEABREEZE BLVD., STE. 217  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Anita Unger* ANITA UNGER President 4-5-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)