

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000045619**



1. Entity Name
FIRST INTERIORS OF MIAMI, INC.

Principal Place of Business
5430 W. 7TH AVE.
HIALEAH FL 33012
US

Mailing Address
5430 W. 7TH AVE.
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

04-18-2003 90444 001 ***150.00

**FILED
Apr 18, 2003 8:00 am
Secretary of State**



CHECK HERE IF MAKING CHANGES

4. FEI Number	65-0501395	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
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6. Name and Address of Current Registered Agent

LOPEZ, MANUEL
5430 W. 7TH AVE.
HIALEAH FL 33012

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME LOPEZ, MANUEL
STREET ADDRESS 5430 W. 7TH AVE.
CITY-ST-ZIP HIALEAH FL 33012

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE **D** Delete
NAME LOPEZ, MANUEL
STREET ADDRESS 5430 W. 7TH AVE.
CITY-ST-ZIP HIALEAH FL 33012

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LOPEZ, MANUEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Daytime Phone #

CR2E034 (10/02)