

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90309 026 ***150.00

C0029925

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 94000087529
1. Entity Name
 Margolis Interiors, Inc. ✓

Principal Place of Business 122 S. Federal Hwy.
 Lantana, FL 33462
Mailing Address 122 S. Federal Hwy.
 Lantana, FL 33462

2. Principal Place of Business 122 S. Dixie Hwy.
 Suite, Apt. #, etc.
3. Mailing Address 122 S. Dixie Hwy.
 Suite, Apt. #, etc.

City & State Lantana - FL
Zip 33462
Country USA

4. FEI Number 65-0555986
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Warm, Steven
 2101 Corporate Blvd. #215
 Boca Raton, FL 33431

7. Name and Address of New Registered Agent
Name Rouffe, Susan J.
Street Address (P.O. Box Number is Not Acceptable) 122 S. Dixie Hwy.
City Lantana **FL** **Zip Code** 33462

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 *Susan J. Rouffe*
 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
Rouffe, Susan J. 15766 Lock Marce Ln. Delray Beach, FL 33446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
Pearl, Rachele 7425 NW-75th Dr Parkland, FL 33067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Susan J. Rouffe* **2/19/2001** 561 582-7653
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR29F034 (11/00)