

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 011 ***150.00

DOCUMENT # **P9400.0087529**

1. Entity Name

Margolis Interiors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

122 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

122 S. Dixie Hwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lantana, FL

City & State

Lantana, FL

4. FEI Number

65-0555986

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current 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

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P Rouffe, Susan J**
STREET ADDRESS **15766 Lock Maree Ln**
CITY- ST- ZIP **Delray Beach, FL 33446**

TITLE
NAME **Pearl, Rochelle**
STREET ADDRESS **7425 NW 75 Dr**
CITY- ST- ZIP **Parkland, FL 33067**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)