## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P95000003366** Apr 10, 2000 8:00 am 1. Entity Name INTERIOR CRITERIA, INC. **Secretary of State** 04-10-2000 90075 010 \*\*\*150.00 Principal Place of Business Mailing Address 208 LANDINGS BOULEVARD 1206 STIRLING ROAD WESTON FL 33327-1107 SHITE 10 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address STIRLING ROAD 1320 1320 STIKLING Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE IOA SUITE IOA SUITE Applied For 4. FEI Number City & State 65-0560795 DANIA BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TABER, STEVEN Street Address (P.O. Box Number is Not Acceptable) 208 LANDINGS BLVD. FT. LAUDERDALE FL 33327 Zip Code ubmits this saftement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE rne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE TABER, STEVEN S NAME NAME 1320 STIRLING ROAD, SUITE 10A 1206 STIRLING ROAD, SUITE 10 STREET ADDRESS STREET ADDRESS DANIA BEACH, FL 33004 CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33004** ☐ Change ☐ Addition ☐ Delete TITLE TITLE TABER, JOANNE NAME 1320 STIRLING ROAD, SUITE IOA 1206 STIRLING ROAD, SUITE 10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DANIA FL 33004 ☐ Change Addition ☐ Delete TITLÉ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 eport 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 Justee 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 application.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR