

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90096 046 \*\*\*150.00

0618741 AT

**DOCUMENT # P95000028706**

1. Entity Name

**DESIGNER LAMPS, INC.**

Principal Place of Business

7513 IRONBRIDGE CIRCLE  
 DELRAY BEACH FL 33446

Mailing Address

7513 IRONBRIDGE CIRCLE  
 DELRAY BEACH FL 33446

*Address Change*

2. Principal Place of Business

*9592 POSITANO WAY*

3. Mailing Address

*9592 POSITANO WAY*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*LAKE WORTH*

City & State

*LAKE WORTH*

4. FEI Number

**65-0573826**

Applied For

Not Applicable

Zip

Country

*33467 PALM BCH*

Zip

Country

*33467 PALM BCH*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER  
 343 ALMERIA AVE.  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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 **P** ☐ Delete  
 NAME **MOTCHAN, PAUL**  
 STREET ADDRESS **7513 IRONBRIDGE CIRCLE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition  
 NAME **HELENE MOTCHAN**  
 STREET ADDRESS **9592 POSITANO WAY**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **President** ☒ Change ☐ Addition  
 NAME **PAUL MOTCHAN**  
 STREET ADDRESS **9592 POSITANO WAY**  
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

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

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

TITLE ☐ Change ☐ Addition  
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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: *Helene Motchan* **V. P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/02* **561-434-5550**  
 Date Telephone Number

CR2E034 (9/01)