

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90121 043 ***150.00

DOCUMENT # P95000036575

1. Entity Name
BAS INTERIORS, INC.



Principal Place of Business
**160 N.W. 11TH STREET
BOCA RATON FL 33432**

Mailing Address
**160 N.W. 11TH STREET
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0578854**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEISTER, SUSAN
17604 LAKE PERK RD
BOCA RATON FL 33487**

Name **Meister, Susan**
Street Address (P.O. Box Number is Not Acceptable)
2218 NW 52nd St
City **Boca Raton** FL Zip Code **33496**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MEISTER, SUSAN D**
STREET ADDRESS **17604 LAKE PARK ROAD**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☒ Change ☐ Addition
NAME **Meister, Susan**
STREET ADDRESS **2218 NW 52nd St**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **MTV** ☐ Delete
NAME **MIESTER, DAVID J**
STREET ADDRESS **1760 LAKE PARK RD**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **MTV** ☒ Change ☐ Addition
NAME **Meister, David**
STREET ADDRESS **2218 NW 52nd St**
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 **561 395 3270**
Date Daytime Phone #

CR2E034 (10/02)