

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085172

1. Entity Name

INTERNATIONAL VERTICALS & DECOR, INC.

FILED

02 NOV 20 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1311 BAY STREET

3. Mailing Address

1311 BAY STREET

Suite, Apt. #, etc.

KISSIMMEE, FL. 34744-4205

Suite, Apt. #, etc.

KISSIMMEE, FL. 34744-4205

City & State

City & State

4. FEI Number

59-3340926

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☒

-\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GONZALEZ, RAMON

Street Address (P.O. Box Number is Not Acceptable)

103 S. THACKER AVE

City

Kissimmee

FL

Zip Code

34741

**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

11/13/02

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
STREET ADDRESS
CITY-ST-ZIP
PTD
GONZALEZ, RAMON
103 S. THACKER AVE KISS, FL. 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ADDITION/CHANGE NEW OFFICER
GONZALEZ, RAMON A.
2764 WOOD STREAM CIR LCE KISS FL 34743

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GONZALEZ, MIGUEL
103 S. THACKER AVE KISS, FL. 34741

TITLE
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CITY-ST-ZIP

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4000009110734
11/20/02-01057-025 **70.00

**DO NOT WRITE
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 #

10/18/02

CR2E034B (12/01)