Rx Date/Time APR-30-2003(WED) 17:02

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92210 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022620

1. Entity Name
LUCY INTERIOR DESIGN, INC.

11041883

Principal Place of Business	Mailing Address
C/O LUCIANA T MARIOTTI 19001 WENTWORTH DR MIAMI, FL 33015	~~PO BOX 5125~~ ~~MIAMI LAKES, FL 33014~~

2. Principal Place of Business	3. Mailing Address
	PO Box 6910
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hialeah Fl
Zip / Country	Zip: 33012 / Country: Miami-Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0660201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MARIOTTI, LUCIANA T
19001 WENTWORTH DR
MIAMI, FL 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Luciana [signature] 04/30/03
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

FEE NOW 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	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARIOTTI, LUCIANA T	NAME	
STREET ADDRESS	19001 WENTWORTH DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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], President 04/30/03 305 582 8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LUCIANA MARIOTTI