

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90257 048 ***150.00

639003



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000052349

1. Entity Name
INTERIOR CONCEPTS & DESIGN, INC.

Principal Place of Business
7891 CLOVERFIELD CIRCLE
BOCA RATON FL 33433

Mailing Address
7891 CLOVERFIELD CIRCLE
BOCA RATON FL 33433-3050

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

4. FEI Number
65-0675676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LERNER, ROCHELLE S
7891 CLOVERFIELD CIRCLE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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, 2000 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 LERNER, ROCHELLE S 7891 CLOVERFIELD CIRCLE BOCA RATON FL 33433
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 ROCHELLE S. LERNER 4/11/00 561-394-9390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Apr 18, 2000 8:00 am

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