

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90385 024 ***150.00

0432636 AV

DOCUMENT # P96000074015

1. Entity Name
MIERA MELBA INTERIOR'S, INC.



Principal Place of Business
**810 ANDREWS AVE
DELRAY BEACH FL 33483**

Mailing Address
**810 ANDREWS AVE
DELRAY BEACH FL 33483
US**



2. Principal Place of Business
1241 DELRAY LAKES DR. 1241 DELRAY LAKES DR.

Suite, Apt. #, etc.

3. Mailing Address
1241 DELRAY LAKES DR.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33444

Country
USA

Zip
33444

Country
USA

4. FEI Number **65-0689690**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MELBA, MIERA
900 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

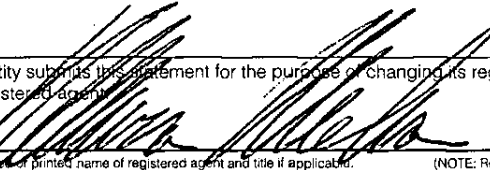
Name
MELBA, MIERA

Street Address (P.O. Box Number is Not Acceptable)
1241 DELRAY LAKES DR.

City
DELRAY BEACH FL

Zip Code
33444

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

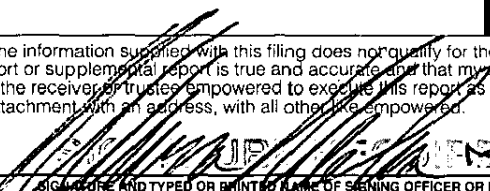
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME MELBA, MIERA	
STREET ADDRESS 900 E. ATLANTIC AVENUE	
CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELBA, MIERA	
STREET ADDRESS 1241 DELRAY LAKES DR.	
CITY-ST-ZIP DELRAY BEACH, FL 33444	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **4-29-03** DAYTIME PHONE # **(561) 309-3888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)