

# 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.**  
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**

4. FEI Number **65-0689690**

Applied For  
 Not Applicable

Zip **33444**

Country **USA**

Zip **33444**

Country **USA**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>D MELBA, MIERA</b>	<b>1241 DELRAY LAKES DR.</b>	<b>DELRAY BEACH, FL 33444</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**MIERA MELBA** **4-29-03** **807-3888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)