

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079741

1. Entity Name

INTERIOR SPACE AFFILIATES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90228 005 \*\*\*150.00

Principal Place of Business

Mailing Address

3200 S CONGRESS  
STE. 204  
BOYNTON BEACH FL 33426  
US

3200 S CONGRESS  
STE. 204  
BOYNTON BEACH FL 33426-9041  
US

2. Principal Place of Business

3. Mailing Address

630 BOCA MARINA COURT

630 BOCA MARINA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

4. FEI Number 65-0696735

Applied For  
Not Applicable

Zip 33487 Country USA

Zip 33487 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOWALSKY, BONNIE N  
3200 S CONGRESS  
STE. 204  
BOYNTON BEACH FL 33426

Name

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

630 BOCA MARINA COURT

City

BOCA, RATON

FL

Zip Code 33487

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

*Bonnie N. Kowalsky*

4/25/00

Signature, typed or printed name of registered agent or both 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME KOWALSKY, BONNIE N  
STREET ADDRESS 630 BOCA MARINA COURT  
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Bonnie N. Kowalsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

561-912-0222

Daytime Phone #

CR2E034 (9/99)