

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086294

1. Entity Name

MOORINGS INTERIORS, INC.

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

01-18-2000 90026 033 ***150.00

Principal Place of Business

Mailing Address

C/O EILEEN PLASKY
 3485 N. MOORINGS WAY
 COCONUT GROVE FL 33131
 US

C/O EILEEN PLASKY
 3485 N. MOORINGS WAY
 COCONUT GROVE FL 33133-6537
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

221 Aragon Ave, Ste 201
 Suite, Apt. #, etc.

221 Aragon Ave, Ste 201
 Suite, Apt. #, etc.

Coral Gables

Coral Gables

City & State

City & State

FL

FL

4. FEI Number 65-0704027

Applied For

Not Applicable

Zip 33134

Country USA

Zip 33134

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

PLASKY, ELLEN H
 C/O EILEEN PLASKY
 3485 N. MOORINGS WAY
 COCONUT GROVE FL 33131

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.

SIGNATURE *E. Plasky* E. PLASKY

1.7.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	EILEEN, PLASKY	3485 N. MOORINGS WAY	COCONUT GROVE FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>	<input type="checkbox"/>

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 empowerments.

SIGNATURE: *E. Plasky* E. PLASKY

1.7.00 305 444-2878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #