2002 UNIFORM BUSINESS REPORT (UBR)

P96000096362

DOCUMENT #

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

NAME

FILED Jan 10, 2002 8:00 am Secretary of State

01-10-2002 90017 004 ***150.00

☐ Change

☐ Addition

REGINE NUESSLE INTERIOR DESIGN, INC. Principal Place of Business Mailing Address B0001796 1630 JEFFERSON 730 MERIDIAN MIAMI BCH FL 33139 MIAMI BEACH FL 33739 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-3020664 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRODIE, DAVID H Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD SUITE 300 **BOCA RATON FL 33431** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NUESSLE, REGINE NAME NAME STREET ADDRESS 730 MERIDIAN AVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 for 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 repeiver or trusted 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 attact repeit with an acid essl with all other like empowered.

TITLE

NAME

Delete