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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
500023368295  
09/26/03--01077--016 \*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P97000079744**

1. Entity Name  
**G.C. INTERIOR DESIGN, INC.**

Principal Place of Business: 1000 NW 107 AVENUE, PLANTATION, FL 33322  
Mailing Address: 1000 NW 107 AVENUE, PLANTATION, FL 33322

2. Principal Place of Business: [Blank]  
3. Mailing Address: [Blank]

Suite, Apt. #, etc.: [Blank]

City & State: [Blank]

Zip: [Blank] Country: [Blank]

4. FEI Number: **65-0780717** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**MAZAR GINGRIS, CHANTAL**  
1000 NW 107 AVENUE  
PLANTATION, FL 33322

7. Name and Address of New Registered Agent  
Name: **Mazar, Chantel**  
Street Address (P.O. Box Number Is Not Acceptable):  
**1000 N.W. 107th Avenue**  
City: **Plantation** FL **33322**

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, my stated agent.  
SIGNATURE: *Chantel MAZAR* (NOTE: Registered Agent's signature required when changing) DATE: \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MAZAR, CHANTAL STREET ADDRESS: 1000 NW 107 AVE CITY-ST-ZIP: PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 my address, with all other like empowered.

SIGNATURE: *Chantel MAZAR*  
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CRF034 (10/02)

20F2



**RAUL RICARDO JR.**  
CERTIFIED PUBLIC ACCOUNTANT

September 2, 2003

Uniform Business Report  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Ref: G.C. Interior Design, Inc.  
Document # P97000079744

To Whom It May Concern:

Please be advised that the above-mentioned Corporation did not receive their UBR (Uniform Business Report) form for 2003.

We are requesting that you waive the late fees and accept the enclosed downloaded UBR form from your website along with a check in the amount of \$150 to cover the initial renewal charges.

If you have any questions, I can be reached at the number listed below between the hours of 9:00 A.M. to 5:00 P.M., Monday through Friday.

Sincerely,



Raul Ricardo, C.P.A.  
Lic. # AC0013416