

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000099326**

1. Entity Name

HER-BEST WALLCOVERINGS OF BROWARD COUNTY INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90030 050 ***150.00

Principal Place of Business

17001 N.E. 6TH AVE.
NORTH MIAMI BEACH FL 33162

Mailing Address

17001 N.E. 6TH AVE.
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

20810 W Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

20810 W Dixie Hwy

Suite, Apt. #, etc.

City & State

NMB, FL

City & State

NMB, FL

Zip

33180

Country

U.S.

Zip

33180

Country

U.S.

4. FEI Number

65-0859663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHEIBLICH, RANDI L
9930 N.W. 58TH CT.
PARKLAND FL 33076

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHEIBLICH, RANDI L	
STREET ADDRESS	9930 N.W. 58TH CT.	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHEIBLICH, ROBERT W.	
STREET ADDRESS	9930 N.W. 58TH CT.	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)