

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000004185**

1. Entity Name

RONNIE INTERIOR DESIGN, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90006 047 ***150.00

Principal Place of Business 1011 TRAILMORE LANE WESTON FL 33326 US	Mailing Address 1011 TRAILMORE LANE WESTON FL 33326-2820 US
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A0016904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0924320**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent SANDERS, JOEL D 1625 N COMMERE PKWY STE 225 WESTON FL 33326		7. Name and Address of New Registered Agent Name RONNIE HALPERN Street Address (P.O. Box Number is Not Acceptable) 1011 TRAILMORE LANE City WESTON FL Zip Code 33326	
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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 *Ronnie Halpern* (NOTE: Registered Agent signature required when reinstating) Jan 31, 2000 DATE9. 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 State10. 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	DP HALPERN, RONNIE 1011 TRAILMORE LN. WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:*Ronnie Halpern*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORJan 31, 2000
Date954-349631
Daytime Phone #