

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017304

1. Entity Name

SOLUTIONS IN INTERIOR ARCHITECTURE, INC.

(Handwritten initials)

Principal Place of Business

1896 TIGERTAIL AVE.
MIAMI FL 33133
US

Mailing Address

1896 TIGERTAIL AVE.
MIAMI FL 33133
US

2. Principal Place of Business

2620 HILOLA ST

Suite, Apt. #, etc.

3. Mailing Address

2620 HILOLA ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number 65-0814041

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLITOR, BRIGITTE
1896 TIGERTAIL AVE.
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name MOLITOR, BRIGITTE

Street Address (P.O. Box Number is Not Acceptable)

2620 HILOLA STREET

City MIAMI

FL

Zip Code 33133

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

(Handwritten signature: Benj Ne)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/09/01

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, 2001 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 D
NAME MOLITOR, BRIGITTE
STREET ADDRESS 1896 TIGERTAIL AVE.
CITY-ST-ZIP COCONUT GROVE FL 33133 ☒ Delete

TITLE
NAME MOLITOR, BRIGITTE
STREET ADDRESS 2620 HILOLA STREET
CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

(Handwritten signature: Benj Ne)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/08/01 305-856-6478

Date

Daytime Phone #

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-17-2001 91361 034 ***150.00

7578



DO NOT WRITE IN THIS SPACE

CR2E034 (1/0/00)