

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90231 022 ***150.00

DOCUMENT # P98000026960

1. Entity Name
WORLD STYLE INTERIORS, INC.

Principal Place of Business 1064 ASPRI WAY PALM BEACH GARDENS FL 33418	Mailing Address 1064 ASPRI WAY PALM BEACH GARDENS FL 33418-6514
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4542 BOND LANE	3. Mailing Address 4542 BOND LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State 0V1600 FL	City & State 0V1600, FL	4. FEI Number 65-0824659	Applied For <input type="checkbox"/> Not Applicable
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Zip 32765	Country USA	Zip 32765	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MONTEDEOCA, XAVIER 1064 ASPRI WAY PALM BEACH GARDENS FL 33418	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Xavier* (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTEDEOCA, XAVIER 1064 ASPRI WAY PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4542 BOND LANE 0V1600, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEDEOCA, ALICIA 531 TALAVERA RD WESTON FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEDEOCA, ROANA 1064 ASPRI WAY PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4542 BOND LANE 0V1600, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEDEOCA, JOSE 531 TALAVERA RD WESTON FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYLIE, TERESA 531 TALAVERA RD WESTON FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TERESA MULLOY Re-married NAME
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

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: *Xavier* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-26-00 Daytime Phone #: (407) 971 3391