## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2001 8:00 am Secretary of State

DOCUMENT # \sqrt{98000046300}  1. Entity Name INTERNATIONAL INTERIORS COLLECTION, INC.				Secretary of State 05-16-2001 90247 050 ***150.00	
Principal Place of Business 4790 NE 11th Avenue 4790 NE 11th A Oakland Park, FL 33334 Oakland Park,				C0067601	
2. Principal F	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0851212	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered	<u> </u>
MILLER	, TOM		Name		
4790 N	E 11TH AVE		Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
OAKLANDI PARK FL 33334					
		•	City	F	Zip Code
Tax filing i	Signature, typed or printed name of registered age prattion is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	FILE NOW!	Registered Agent signature requirements of S. \$150.00  1. Fee will be \$550.00  1. to Department of S.	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AN	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, TOM 4790 NE 11TH AVE OAKLAND PARK FL	□ Datete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP MILLER, JUDY 4790 NE 11TH AVE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME Street Address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information cumplied w	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further co	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 impowered 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

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/Aprol

454-116-3433