

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047635

1. Entity Name

INTERDESIGN, INC.

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90003 043 \*\*\*150.00

Principal Place of Business

Mailing Address

3069 LAKESHORE DRIVE  
DEERFIELD BEACH FL 33442

3069 LAKESHORE DRIVE  
DEERFIELD BEACH FL 33442-7919

2. Principal Place of Business

3. Mailing Address

3620 W. HILLSBORO BLVD

P.O. BOX 4282

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#103

City & State

COLOMOT CREEK

City & State

DEERFIELD BEACH

Zip

33013

Country

BROWARD

Zip

33442

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0841701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, HERBERT  
3069 LAKESHORE DRIVE  
DEERFIELD BEACH FL 33442

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	COHEN, HERBERT	NAME	
STREET ADDRESS	3069 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	TITLE	
NAME	COHEN, ETHEL R	NAME	
STREET ADDRESS	3069 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 28, 2000

CR2E034 (9/99)