

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047635

1. Entity Name

INTERDESIGN, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90071 039 \*\*\*150.00

Principal Place of Business

3620 W HILLSBORO BLVD  
#103  
COCONUT CREEK FL 33073

Mailing Address

PO BOX 4282  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

15236 LAKE WILDFLOWER RD.

Suite, Apt. #, etc.

3. Mailing Address

15236 LAKE WILDFLOWER RD.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33484

Country

City & State

DELRAY BEACH, FL

Zip

33484

Country

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

COHEN, HERBERT  
3069 LAKESHORE DRIVE  
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

COHEN, HERBERT

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

15236 LAKE WILDFLOWER RD.

City

DELRAY BEACH

FL

Zip Code

33484

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

(NOTE: Registered Agent signature required when reinstating)

Herbert Cohen  
DATE 4/20/01

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	PD	<input type="checkbox"/> Delete
NAME	COHEN, HERBERT	
STREET ADDRESS	3069 LAKESHORE DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COHEN, ETHEL R	
STREET ADDRESS	3069 LAKESHORE DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, HERBERT	
STREET ADDRESS	15236 LAKE WILDFLOWER RD.	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ETHEL R	
STREET ADDRESS	15236 LAKE WILDFLOWER RD.	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

4/20/01 (56) 499-4999

CR2E034 (10/00)