

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050180

1. Entity Name

INTERIOR PLANT DESIGNS, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90010 050 \*\*\*150.00

Principal Place of Business	Mailing Address
11057 N.W. 18 COURT CORAL SPRINGS FL 33071	11057 N.W. 18 COURT CORAL SPRINGS FL 33071-6333

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0847526	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KASSEM, IRIS HELENE 11057 N.W. 18 COURT CORAL SPRINGS FL 33071	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 \_\_\_\_\_ (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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME KASSEM, IRIS HELENE STREET ADDRESS 11057 N.W. 18 COURT CITY-ST-ZIP CORAL SPRINGS FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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

IRIS HELENE KASSEM

Date

Daytime Phone #

3-23-2000 (954) 753-8499

CR2E034 (9/99)