

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059351

1. Entity Name

REFLEXIONS DECOR INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90190 046 ***150.00

Principal Place of Business

1900 N.W. CORPORATE BLVD., STE 400-E
BOCA RATON FL 33431

Mailing Address

1900 N.W. CORPORATE BLVD., STE 400-E
BOCA RATON FL 33431-8512

2. Principal Place of Business

3500 NW Boca Raton Blvd

3. Mailing Address

3500 Boca Raton Blvd

Suite, Apt. #, etc.

713

Suite, Apt. #, etc.

713

City & State

Boca Raton - FL

City & State

Boca Raton - FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-0856189

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAISER, CECILE

1900 N.W. CORPORATE BLVD., STE 400-E
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

CECILE VAISER

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

3500 N.W. Boca Raton Blvd

Suite 713

City

Boca Raton

FL

Zip Code

33431

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

TITLE ☐ Delete
NAME P
STREET ADDRESS VAISER, CECILE
CITY-ST-ZIP 1900 N.W. CORPORATE BLVD., STE 400-E
BOCA RATON FL 33431

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS VAISER CECILE
CITY-ST-ZIP 3500 N.W. Boca Raton Blvd #713
Boca Raton - FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 #

CR2E034 (9/99)