

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059351

1. Entity Name
REFLEXIONS DECOR INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90108 035 ***150.00

Principal Place of Business 3500 NW BOCA RATON BLVD 713 BOCA RATON FL 33431	Mailing Address 3500 NW BOCA RATON BLVD 713 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6720 E. ROGERS Circle Suite, Apt. #, etc.	3. Mailing Address 6720 E. ROGERS Circle Suite, Apt. #, etc.
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City & State Boca Raton - FL	City & State Boca Raton - FL	4. FEI Number 65-0856189	Applied For Not Applicable
Zip 33487	Country USA	Zip 33487	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAISER, CECILE 3500 NW BOCA RATON LBVD 713 BOCA RATON FL 33431
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7. Name and Address of New Registered Agent	
Name VAISER Cecile	
Street Address (P.O. Box Number is Not Acceptable) 6720 E. ROGERS Circle	
City Boca Raton	FL Zip Code 33487

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 Maria DATE 2/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAISER, CECILE 3500 NW BOCA RATON BLVD, #713 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ P Cecile VAISER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6720 E. ROGERS CIRCLE Boca Raton - FL - 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Maria DATE 2/28/01 (561) 862-0308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)