

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059351

1. Entity Name

REFLEXIONS DECOR INC.

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90370 044 \*\*\*150.00

95482



DO NOT WRITE IN THIS SPACE.

Principal Place of Business

6720 E ROGERS CIRCLE  
 BOCA RATON FL 33487

Mailing Address

6720 E ROGERS CIRCLE  
 BOCA RATON FL 33487

2. Principal Place of Business

6720 E Rogers Circle

Suite, Apt. #, etc.

Boca Raton - FL

City & State

Boca Raton - FL

Zip

33487

Country

USA

3. Mailing Address

6720 E Rogers Circle

Suite, Apt. #, etc.

Boca Raton - FL

City & State

Boca Raton - FL

Zip

33487

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

6720 E ROGERS CIRCLE  
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Vaise Cécile

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

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, 2002 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 P  
 NAME VAISER, CECILE  
 STREET ADDRESS 6720 E ROGERS CIRCLE  
 CITY-ST-ZIP BOCA RATON FL 33487

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME Cécile Vaise  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
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 CITY-ST-ZIP

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☐ Change

☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02

Date

(561) 862-0308

Daytime Phone #

CR2034 (9/01)