

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097303

1. Entity Name

PARIS MOON INTERIORS, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90294 003 ***150.00

Principal Place of Business

Mailing Address

1146 HIDDEN VALLEY WAY
WESTON FL 33327

1146 HIDDEN VALLEY WAY
WESTON FL 33327

2. Principal Place of Business

7900 NAVA Drive

Suite, Apt. #, etc.

Ste. 207

City & State

DAVIE, FLORIDA

Zip

33324

Country

USA

3. Mailing Address

7900 NAVA Drive

Suite, Apt. #, etc.

Ste. 207

City & State

DAVIE, FLORIDA

Zip

33324

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0877898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVI, DIANE

1146 HIDDEN VALLEY WAY

WESTON FL 33327

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	LEVI, DIANE	
STREET ADDRESS	1146 HIDDEN VALLEY WAY	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR2E034 (10/00)