

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016879

1. Entity Name

M. INTERIORS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90098 044 \*\*\*150.00

Principal Place of Business

Mailing Address

430 SAN SERVANDO AVENUE  
 CORAL GABLES FL 33143

430 SAN SERVANDO AVENUE  
 CORAL GABLES FL 33143-6321

2. Principal Place of Business

430 SAN SERVANDO AVE.

Suite, Apt. #, etc. C.G. FL. 33143

3. Mailing Address

- Same -

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

- Same -

4. FEI Number

65-0908251

Applied For

Not Applicable

Zip

33143

Country

U.S.A.

Zip

- Same -

Country

- Same -

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

GUTIERREZ, MARTHA L  
 430 SAN SERVANDO AVENUE  
 CORAL GABLES FL 33143

Name

MARTHA L. Gutierrez

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

430 SAN SERVANDO AVE.

City

CORAL GABLES

FL

Zip Code

33143

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

MARTHA L. Gutierrez

MARCE L. Gutierrez

4-25-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GUTIERREZ, MARTHA L	
STREET ADDRESS	430 SAN SERVANDO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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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: X

MARTHA L. Gutierrez

Date

Daytime Phone #

CR2E034 (9/99)