

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023226

1. Entity Name

INTERIORS BY LADS DESIGNS, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90004 014 ***150.00

Principal Place of Business

10768 SW 88 ST., #H-13
MIAMI FL 33176

Mailing Address

10768 SW 88 ST., #H-13
MIAMI FL 33176

2. Principal Place of Business

4297 S.W. 75 AVE

3. Mailing Address

10768 SW 88 ST. #H-13

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

65-0904120

Applied For

Not Applicable

Zip

33155

Country

U.S.A.

Zip

33176

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, LEONOR V
10768 SW 88 ST., #H-13
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

LEONOR SANCHEZ

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

10768 SW 88 ST. #H-13

City

Miami

FL

Zip Code

33176

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PRES.
NAME LEONOR SANCHEZ
STREET ADDRESS 10768 S.W. 88 ST. #H-13
CITY-ST-ZIP Miami, FL 33176 ☐ Delete

TITLE SEC. / TREAS.
NAME LEONOR ARGUDO
STREET ADDRESS 10770 N. Kendall Dr. #H-1
CITY-ST-ZIP Miami, FL 33176 ☐ Delete

TITLE V.P.
NAME JORGE ARGUDO
STREET ADDRESS 12751 S.W. 150 Ln.
CITY-ST-ZIP Miami, FL 33186 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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:

LEONOR SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONOR SANCHEZ 7/10/00 305-269-8090

Date

Daytime Phone #