

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90036 023 ***150.00

DOCUMENT # *P99000052583*

1. Entity Name

Window Designs & Interiors, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10703 Santa Laguna DR.

3. Mailing Address

10703 Santa Laguna DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0926438

Applied For

Not Applicable

Zip

33428

Country

USA

Zip

33428

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Rhoda Beckerman*

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

10703 Santa Laguna DRIVE

City *Boca Raton*

FL

Zip Code *33428*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME *D Rhoda Beckerman*
STREET ADDRESS *10703 Santa Laguna DRIVE*
CITY-ST-ZIP *Boca Raton FL 33428*

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rhoda Beckerman
Date *7/11/03* Daytime Phone # *5614794934*

CR2E034B (12/02)