2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000052951 **DOCUMENT#**

1. Entity Name

BEVERLY HILLS INTERIOR DESIGN COMPANY, INC.



FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90098 028 ***150.00

| Principal Place of Business 2000 ISLAND BLVD. #1509 AVENTURA FL 33160 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KORN, GARY A 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180 Mailing Address 2000 ISLAND BLVD. #1509 AVENTURA FL 33180 City & State City & State City & State City & State Country 5. Certificate of Status Desired 7. Name and Address of New Reserved Street Address (P.O. Box Number is Not Acceptable) City 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 Florid the obligations of registered agent. | F MAKING CHANGES App Not \$8.75 Addit Fee Required | olied For |
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| Suite, Apt. #, etc. City & State City & State City & State City & State Country Country 5. Certificate of Status Desired Name KORN, GARY A 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180 City Street Address of Current Registered of Changing its registered office or registered agent or both in the State of Electric Country City 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 Electric Country City 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 Electric Country City | F MAKING CHANGES App Not \$8.75 Addit Fee Required | |
| City & State 4. FEI Number 65-0934 148 Zip Country 5. Certificate of Status Desired 7. Name and Address of New Reserved Name Name Street Address (P.O. Box Number is Not Acceptable) AVENTURA FL 33180 City 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 Electric State of E | App Not \$8.75 Addit Fee Required | lied For |
| Country Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name KORN, GARY A 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180 City 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 Electrical Country Country 5. Certificate of Status Desired Name Street Address (P.O. Box Number is Not Acceptable) City 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 Electrical Country Country 5. Certificate of Status Desired City Street Address (P.O. Box Number is Not Acceptable) | Not \$8.75 Addit Fee Required | lied For |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KORN, GARY A 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180 City 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 Electric Control of | \$8.75 Addit | Applicable |
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| 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180 Street Address (P.O. Box Number is Not Acceptable) City 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 Electrical Control of the Electrical Control of the State of Electrical Control of the Electrical Control of the State of Electrical Control of the | | |
| City 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 Elevi | | |
| 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 Elevi | 7.0.1 | |
| 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 Floristhe obligations of registered agent. | FL Zip Code | |
| | da. I am familiar with, ar | nd accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Final Trust Fund Contribution. | _ ~~~ | May Be o Fees |
| 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS I | N 11 |
| TITLE D Delete TITLE NAME FRIED, EILEEN STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33160 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | Addition |
| TITLE Delete TITLE NAME NAME | ☐ Change | ☐ Addition |
| CITY-ST-ZIP CITY-ST-ZIP | - | |
| TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP | ☐ Change | ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-SI-ZIP Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP | ☐ Change [| ☐ Addition |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP 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 fur | | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: