May.22. 2001 1:38PM 19545244169?

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State
06-14-2001 90013 036 ***550.00

DOCUMENT # P99000056136

1 Entity Name
WIZARDS OF WINDOW TREATMENTS AND DECOR, INC.

Principal Place of Business	Mailing Address
2424 N. ATLANTIC BOULEVARD FORT LAUDERDALE FL 33305	2424 N. ATLANTIC BOULEVARD FORT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1015 N.E. 13th Street		1015 N.E. 13th Street	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State: Fort Lauderdale, FLorida		City & State: Fort Lauderdale, FL	
Zip: 33304	Country: Broward	Zip: 33304	Country: Broward

4. FEI Number 65-0935584 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, MARTIN
2424 N. ATLANTIC BOULEVARD
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name: LAURA CLEMENTE
Street Address (P.O. Box Number is Not Acceptable): 1118 N.E. 3rd Street
Hallandale Beach
City: Hallandale FL Zip Code 33309

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] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 6/4/01

9. This corporation is eligible to satisfy the 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: D NAME: KLEIN, MARTIN STREET ADDRESS: 2424 N. ATLANTIC BOULEVARD CITY-ST-ZIP: FORT LAUDERDALE FL 33305	☒ Delete	TITLE: D NAME: Laura Clamente STREET ADDRESS: 1118 N.E. 3rd Street CITY-ST-ZIP: Hallandale Beach, FL 33309	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 6/4/01 — Daytime Phone #