

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90131 029 ***158.75

DOCUMENT # P99000056499



1. Entity Name
PRANICH & ASSOCIATES INTERIOR DESIGN, INC.

Principal Place of Business
**180 NE 39TH STREET, SUITE 112
MIAMI FL 33137**

Mailing Address
**180 NE 39TH STREET, SUITE 112
MIAMI FL 33137**

2. Principal Place of Business

**777 FLAGLER DR.
SUITE, Apt. #, etc.
WEST TOWER - SUITE 800
CITY & STATE
WEST PALM BEACH**

3. Mailing Address

**400 N.E. 2ND AVE
SUITE, Apt. #, etc.
SUITE 300
CITY & STATE
MIAMI FL**

Zip
33401

Country
USA

Zip
33137

Country
USA

4. FEI Number
65-0931787

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRANICH, NORANIT TUI
400 CLEMATIS ST., STE. 200
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**777 S. FLAGLER DR.
WEST TOWER - SUITE 800
CITY WEST PALM BEACH FL Zip Code 33407**

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 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 Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PRANICH, NORANIT TUI	
STREET ADDRESS	400 CLEMATIS STREET, STE. 200	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)