

20030 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

05-06-2003 90039 010 ***150.00

DOCUMENT # P99000059114

1. Entity Name

NICOLE CASTELLANO INTERIORS, INC.

DO NOT WRITE IN THIS SPACE

90130990

2. Principal Place of Business
1331 N.E. 119 STREET

Suite, Apt. #, etc.

3. Mailing Address
19 PALM AVENUE

Suite, Apt. #, etc.

City & State
NORTH MIAMI, FL

Zip
33161

Country
U.S.A.

City & State
MIAMI BEACH, FL

Zip
33139

Country
U.S.A.

4. FEI Number
52-2180233

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
NICOLE CASTELLANO

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

City
MIAMI BEACH

FL Zip Code
33139

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
NICOLE CASTELLANO
19 PALM AVENUE
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
GUILHEM CASTAGNE
19 PALM AVENUE
MIAMI BEACH, FL 33139

TITLE
NAME
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CITY - ST - ZIP

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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.

Sign Here

4/30/02 305632
Date 9101

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #