

**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.
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sign Here

Date

Daytime Phone #

4/30/02 305632
9101