**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

Principal Place of Business SNEE RIGHA WAY BOYNTON BEACH R. 33437  2. Principal Prace of Susiness Suite. Right # r. 33437  2. Principal Prace of Susiness Suite. April # rec. Suite. April	DOCUMENT # P9900063541  1. Entity Name PHYLLIS GARCIA INTERIORS, INC.						Feb 26, 2002 8:00 a Secretary of State 02-26-2002 90138 028 ***150.00			ate
Suite, Apt. #, etc.  City & State  Suite Application Desired  Suite Application  Experimental Suite Application  Suite Andrews (P.O. How Number is Not Acceptable)  Street Andrews (P.O. How Number	5140E FLORIA WAY 5140E FLORIA WAY							1 1881 1881 118 1818 (BALL BRILL BRILL)		#1001 (101 100)
City & State    City & State   City & City & State   City & City & State   City & State   City & City & State	2. Principal	Place of Busin	iess	3. Mailing Address					<b>i</b> i i i i i i i i i i i i i i i i i i	
Zip Country Zip Country S. Certificate of Status Desired S.7.5 Additional Present Agent To Present To Present Agent To Present To Present To Present To Present Agent To Present To Pre	Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE		
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonda.  SIGNATURE  Signature, typed or prescription of prescription and agent well the sealed that a self-active in the foliable in the purpose of changing its registered Agent adjustes required agent, or both, in the State of Fonda.  SIGNATURE  Signature, typed or prescription of prescription of prescription of both in the State of Fonda.  SIGNATURE  Signature, typed or prescription of prescription and delects to dis so (See criteria on back)  After May 1, 2002 Fee will be \$550,000  After May 1,	City & State City & State							FEI Number <b>65-0937379</b>	———	
S. Name and Address of Current Registered Agent  GARCIA, PHYLLIS 5140E FLORIA WAY BOYNTON BEACH FL 33437  City FL Zip Codd  City Flaginger advance agent are the city city city city city city city city	Zip		Country	Zip	Country		5.	5. Certificate of Status Desired 58.75 Additional		
BOYNTON BEACH FL 33437  The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida  Signature Posture, the derighted agent and the if specials.  Signature Posture, the derighted agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent and the if specials.  Signature Posture, the derighted rame of ingratered agent		6. Name	and Address of Curren	t Registered Agent	<u> </u>		7.	Name and Address of New Regi		
STAGE FLORIA WAY BOYNTON BEACH FL 33437  6. 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    Submits, food or prieted have or registered agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent, or both, in the State of Florida  SIGNATURE   Submits, food or prieted have or registered agent, or both, in the State of Florida  SS,00 May Be Active or State of Florida have or submits agent						Name				
B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE    Figuritine   Implication   Imp	5140E FLORIA WAY					Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signatur, speed or private named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signatur, speed or private named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signatur, speed or private named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signatur, speed or private named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signatur, speed or private named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signatur, speed or private named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signatur, speed or private named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signatur, speed or private named entity submits this statement agent agent agent segment or state.    Signatur, speed or private named entity submits and the submits of submits of submits and the submits of subm	BOYNTOI	N BEACH FI	. 33437			City		4	Zip Cod	le
TITLE GARCIA, PHYLLIS STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	9. This corporate Tax filing	oration is eligi requirement a	ble to satisfy its Intangible	FILE NOW	VIII FEE	IS \$150.00 will be \$550	) 0.00	10. Election Campaign Finance	ing \$5.0	
NAME STREET ADDRESS CITY-ST-ZIP  BOYNTON BEACH FL 33437  TITLE NAME STREET ADDRESS CITY-ST-ZIP  BOYNTON BEACH FL 33437  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CI	11.		OFFICERS AND	DIRECTORS	12.	<del></del>	ΑĽ	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
GARCIA, PHYLLIS 5140E FLORIA WAY BOYNTON BEACH FL 33437  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	GARCIA, F 5140E FLO	iria way	☐ Delete	NAM STRE	ET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	GARCIA, F	IRIA WAY	☐ Delete	NAM STRE	E ET ADDRESS			☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			□ Delete	NAME STREE	ET ADORESS			☐ Change	☐ Addition .
13. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREI CITY-	ET ADDRESS ST-ZIP			_ •	-

Signature:

Signature and pred on Printed Name of Signing Officer on Director

Signature and pred on Printed Name of Signing Officer on Director

Signature and pred on Printed Name Of Signing Officer on Director

Date

Date

Date

Date

Date

Date

Date

Director Significant for Information Supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information indicated on this report as required by 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 the corporation 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 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 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 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 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 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 the corporation or the receiver or trustee empowered to execute the corporation of the corpora