

2000 UNIFORM BUSINESS REPORT (UBR)

4/21/00-90117-047-\$150.00-\$150.00

PS194

DOCUMENT # P99000069014

1. Entity Name

INTERIOR TRENDS INC.

FILED

00 SEP -5 AM 11:24

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 LESLIE DR. #518
HALLANDALE FL 33009

Mailing Address
200 LESLIE DR. #518
HALLANDALE FL 33009-7315

2. Principal Place of Business
200 LESLIE DRIVE
Suite, Apt. #, etc.
518

3. Mailing Address
PO Box 22-0616
Suite, Apt. #, etc.

City & State
Hallandale, Florida
Zip
33009
Country
U.S.A.

City & State
Hollywood, Florida
Zip
33009
Country
U.S.A.

4. FEI Number
65-1029393
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIAL, JUDITH
200 LESLIE DR. #518
HALLANDALE FL 33009

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Judith S. Fial*

4-7-00

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD FIAL, JUDITH 200 LESLIE DR. #518 HALLANDALE FL 33009	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Judith S. Fial*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 954-455-2868
Date Daytime Phone #

CR2E034 (9/99)

To: DIVISION OF CORPORATIONS

MAL Y. GLANZ ^{Pg 2 of 4} CERTIFIED PUBLIC ACCOUNTANT

282 S. University Drive, Plantation, Florida 33324-3340

(954) 370-7890 / FAX (954) 370-6920

(954)

(954)

MESSAGE

Subject: INTERIOR TRENDS, INC.

Date: 9-1-00

GENTLEMEN:

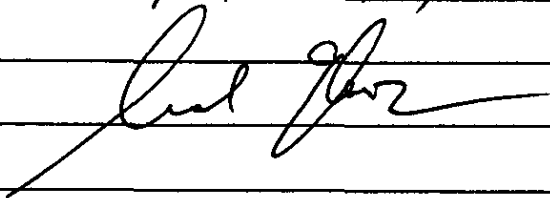
YOU ORIGINALLY RETURNED THIS CORPORATION'S ANNUAL REPORT, WHICH WAS TIMELY FILED, BECAUSE ITS FEI NUMBER WAS "APPLIED FOR". THE IRS HAD A DISCREPANCY IN THE NAME OF THE CORPORATION AND DID NOT ISSUE THE NUMBER UNTIL 8-11-00. PLEASE SEE CORRESPONDENCE ATTACHED. Signed

REPLY

PLEASE WAIVE THE PENALTY DUE TO
REASONABLE CAUSE.

Date

THANK YOU,



Signed

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date: 6-9-2000

0716 82704L

Tele-Tin Number: 770-455-2360

Fax Number: 678-530-6156

JUDITH FIAL

200 LESLIE DR. #518

HALLANDALE, FL. 33009

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
 - A. Corporation - President, Vice President, other principal officer or member of LLC.
 - B. Partnership - General partner or member of LLC.
 - C. Trust - Grantor/Trustor (person who established the trust).
 - D. Estate - Decedent on line 8a.
 - E. Non-Resident/Canadian Citizen - Copy of social security card, passport, visa, birth certificate, or driver's license.
 - F. Other - Owner, Sole Proprietor or Non-Profit Organization.
 - G. Copy of social security card (the name does not match the SSN on our records).
2. Mailing Address / Location Address of Business.
3. Business Operational Date on line 10 of Form SS-4.
 - A. Corporation - Date business started or acquired.
 - B. Partnership - Date partnership agreement went into effect.
 - C. Trust - Date trust was created or funded.
 - D. Estate - Date of death of the decedent.
 - E. Other - Date business or organization started.
4. Fiscal Year Month on line 11 of Form SS-4.
5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).
6. Telephone Number of Business on line 17c of Form SS-4.
7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.
8. A "Limited Liability Company" can file either as a Corporation, Partnership, Sole Proprietor, or Disregarded Entity. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members. If filing as a single member corporation submit Form 8832 to elect corporate status.

(over)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 08-11-2000
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 65-1029383
FORM: SS-4
0716934125 B

Ag4q4

FOR ASSISTANCE CALL US AT:
1-800-829-1040

INTERIOR TRENDS INC
200 LESLIE DR 518
HALLANDALE FL 33009

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1029383. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

~~Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.~~

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941	01/31/2001
Form 1120	08/08/2000
Form 940	01/31/2001

Please file your Form by the due date shown above. If the due date above has passed and you have not yet filed, please file your Form by 08-28-2000. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply. Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.