

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90631 007 ***150.00

DOCUMENT # P99000069014

1. Entity Name
INTERIOR TRENDS INC.

Principal Place of Business

~~200 LESLIE DR. #518~~
HALLANDALE FL 33009

Mailing Address

~~P.O. BOX 22-0616~~
HOLLYWOOD FL 33009

2. Principal Place of Business

1220 AVOCAPO Isle
 Suite, Apt. #, etc.

3. Mailing Address

1220 AVOCAPO Isle
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE FL

Zip **33315** Country **B.W.D.**

City & State

~~FL HALLANDALE FL~~
33315 **FL**

4. FEI Number **65-1029383**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1220 AVOCAPO Isle
 City **FT. LAUDERDALE** **FL** Zip Code **33315**

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

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, 2002 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

TITLE **PTSD** ☐ Delete
 NAME **FIAL, JUDITH**
 STREET ADDRESS **200 LESLIE DR. #518**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1220 AVOCAPO Isle**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **MAILING ADDRESS:**
 CITY-ST-ZIP **PO BOX 22-0616**
Hollywood, FL 33022-0616

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4/23/02
 Date

Daytime Phone #

CR2E034 (9/01)