

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90132 036 ***150.00

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DOCUMENT # P99000069014

1. Entity Name
INTERIOR TRENDS INC.



Principal Place of Business
**1220 AVOCAO ISLE
FORT LAUDERDALE FL 33315**

Mailing Address
**P.O. BOX 22-0616
HOLLYWOOD FL 33022-0616**



2. Principal Place of Business

**6939 TOWN HARBOUR BLVD
SUITE, Apt. #, etc.
623**

3. Mailing Address

**P.O. BOX 27-2216
SUITE, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number **65-1029383**

Applied For

Not Applicable

Zip

33433

Country

U.S.A

Zip

33427

Country

U.S.A

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~~

**6939 TOWN HARBOUR
BLVD**

SUITE #623

BOCA RATON, FL. 33433

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. 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

4/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PTSD** ☒ Change ☐ Addition
NAME **FIAL, Judith**
STREET ADDRESS **6939 TOWN HARBOUR BLVD #623**
CITY-ST-ZIP **BOCA RATON, FL. 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 561-750-3052
Date Daytime Phone #

CR2E034 (10/02)