

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91740 001 \*\*\*110.00  
 05-18-2001 91740 002 \*\*\*\*40.00

**DOCUMENT # P99000081364**

1. Entity Name  
**MIRAMAR VERTICAL BLINDS & INTERIORS INC.**

**73160**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6326 PEMBROKE ROAD MIRAMAR FL 33025	Mailing Address 6326 PEMBROKE ROAD MIRAMAR FL 33025
---	---

2. Principal Place of Business <b>19565 NW 2nd Ave</b>	3. Mailing Address <b>19565 NW 2nd Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>North Miami, FL</b>	City & State <b>North Miami, FL</b>	4. FEI Number <b>59-360116</b>	Applied For <input type="checkbox"/>
Zip <b>33169</b>	Country <b>U.S.A.</b>	Zip <b>33169</b>	Country <b>U.S.A.</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

**NICOL, MICHAEL A**  
**8700 N. SHERMAN CIR., #507**  
**MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NJIE, EBRIMA P</b> <b>6326 PEMBROKE RD.</b> <b>MIRAMAR FL 33025</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>REID, EDITH M</b> <b>6326 PEMBROKE RD.</b> <b>MIRAMAR FL 33025</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Ebrima Njie</b> <b>19565 NW 2nd Ave</b> <b>North Miami, FL 33169</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Judith Reid</b> <b>19565 NW 2nd Ave</b> <b>North Miami, FL 33169</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ebrima Njie **Ebrima Njie** **04/27/01** **305-625-7773**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)