

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90052 028 \*\*\*150.00

DOCUMENT # **P99000081364**

1. Entity Name  
**EURO AMERICAN BLINDS & INTERIORS, INC.**



Principal Place of Business  
**19569 NW 2ND AVENUE  
MIAMI FL 33169**

Mailing Address  
**19569 NW 2ND AVENUE  
MIAMI FL 33169**

2. Principal Place of Business  
**19569 NW 2 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 3795**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FLORIDA**  
Zip  
**33169**  
Country  
**DADE**

City & State  
**WEST HOLLYWOOD-FLORIDA**  
Zip  
**33083**  
Country  
**BROWARD**

4. FEI Number  
**59-3601116**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NJIE, EBRIMA**  
**19569 NW 2ND AVENUE**  
**MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name  
**NJIE, EBRIMA, P**

Street Address (P.O. Box Number is Not Acceptable)

**19569 NW 2ND AVE**

City  
**MIAMI**

FL Zip Code  
**33169**

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 **EBRIMA, P. NJIE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**REGISTERED AGENT AND  
PRESIDENT 03/03/03**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NJIE, EBRIMA P</b> <b>19565 NW 2ND AVENUE</b> <b>NORTH MIAMI FL 33169</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>REID, JUDITH</b> <b>19565 NW 2ND AVENUE</b> <b>NORTH MIAMI FL 33169</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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EBRIMA - P NJIE</b> <b>PRESIDENT &amp; OWNER - 70%</b> <b>19569 NW 2 AVE, MIAMI, FL 33169</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EDITH REID</b> <b>VICE PRESIDENT &amp; OWNER - 30%</b> <b>19569 NW 2ND AVE.</b> <b>MIAMI, FLORIDA 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

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 REQUIRED** **EBRIMA - P. NJIE PRESIDENT & REGISTERED AGENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/03/03** Date **305 653 8311** Daytime Phone

CR2E034 (10/02)