2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092926

1. Entity Name

Principal Place of Business

2. Principal Place of Business

WILKES, JOHN P ESQ

150 N. FEDERAL HWY., STE. 200 FT. LAUDERDALE FL 33301

Suite, Apt. #, etc.

City & State

BELLA FIGURA INTERIOR DESIGN, INC.

GOOD HOMES PLAZA 8877 W. COLONIAL DR. #220 **OCOEE FL 32818**

Mailing Address

3. Mailing Address

City & State

6.-Name and Address of Current Registered Agent

Suite, Apt. #, etc.

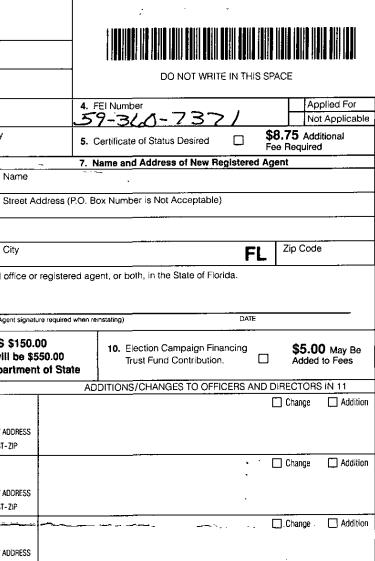
GOOD HOMES PLAZA 8877 W. COLONIAL DR. #220 **OCOEE FL 32818**

Country

City

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90161 032 ***150.00



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8. The above	named entity submits this statement for the	e purpose of changing its	s registered office or re	egistered agent	or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent and to	le if annincable (NO)	E: Registered Agent signature	required when reinsta	sina) DA	TE .	
	Signature, types or printed name or registered agent and to	- (10)	E. Hogistored Agent algricult	, required when remain	9/	-	
Tax filing requirement and elects to do so. After MAY 1, 20			!! FEE IS \$150.00 00 Fee will be \$550.00 de to Department of State		 Election Campaign Financing Trust Fund Contribution. 		May Be I to Fees
11.	OFFICERS AND DIR	ECTORS	12.	ADDIT	IONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEBLASIO, MARILYN 14490 S.W. 17TH ST. DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBLASIO, SHARON 2315 WINDSONG DR. KISSIMMEE FL 34741	XXDelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Detete _ =	NAME STREET ADDRESS CITY-ST-ZIP		المستحدث	. Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe , or on an attachment with an address, with	e and accurate and that red to execute this repor	my signature shall hav t as required by Chap	ve the same legater 607, Florida	al effect as if made under oath: tha	at I am an officer	or director 1

SIGNATURE: MANUEL NO TYPED OR PRINTED NAME OF SIGNATURE OR DESCRIPTION OF PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

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