

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094378

1. Entity Name

HOUSE OF INTERIORS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90257 023 ***150.00

Principal Place of Business

1616 NW 7TH AVENUE
MIAMI FL 33136

Mailing Address

1616 NW 7TH AVENUE
MIAMI FL 33136-1424

CHANGE

2. Principal Place of Business

200 FLORIDA AVE.

3. Mailing Address

BOX 1804 TAVERNIER FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

33070

City & State
TAVERNIER
KEY LARGO, FL.

City & State
TAVERNIER
FLORIDA

4. FEI Number

65-0965237

Applied For

Not Applicable

Zip
33082

Country

MONROE

Zip
33070

Country

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURUTZ, BARBARA
94825 OVERSEAS HIGHWAY
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name

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

City

KEY LARGO

FL

Zip Code

33037

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: BARBARA KURUTZ/PRESIDENT

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

(NOTE: Registered Agent Signature required on reinstating)

DATE

Feb. 15, 2000

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, 2000 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
D
KURUTZ, BARBARA
94825 OVERSEAS HIGHWAY
KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: BARBARA KURUTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 15, 2000

Date

305 451 9646

Daytime Phone #

CR2E034 (9/99)