## 2/9

**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S08852  1. Entity Name AVANT-GARDE INTERIOR DESIGNS, INC.					Mar 09, 2001 8:00 am Secretary of State 02-09-2001 90115 019 ***150.00			
Principal Place 4555 N.W. 99 A 203 MANI FL 33178 US	VE	Mailing Address 4555 N.W. 99 AVE. 203 MIAMI FL 33178 US						
2. Principal Pl	#. etc.	3. Mailing Address 4779 COWNS AVE Suite, Apt. # etc. 2008			DO NOT WRITE IN THIS SPACE			
City & State  ALAMI BEACH, FL  Zip  Zip  Country  Country  Country  Country		City & State  W. AMI BEACH, FC  Zip Country			4. FEI Number 65-0227078 Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional			
3314	6. Name and Address of Current	33140	<u> کی</u>		Name and Address of New	Fee Hequire	<u>d</u>	
		Tregratered Again	Name					-
RODRIGUEZ, JOSE 14600 S.W. 51ST STREET MIAMI FL 33175			- Street Address (P.O. Box Number is Not Acceptable) # 2008					
			City	(4~1)	BEACH	FL Zip Coo	40	
8. The above	named entity submits this statement to	or the purpose of changing its re			gent, or both, in the State of		•	
SIGNATURE &	Signaturial typed or printed name of registered agreet	Sind site if applicable. (NOTE: I	NAIG VEZ Registered Agent signatu	se required when s	resident ensuring)	12-23-0 DATE	<u> </u>	
Tax filling r	oration is eligible to satisfy its Intangible equirement and elects to do so. la on back)	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		10. Election Campaign Trust Fund Contribu	tion. LJ Added	May Be to Fees	
11.	OFFICERS AND		12.	ΑC	DITIONS/CHANGES TO O			6
NAME STREET ADDRESS City-St-Zip	RODRIGUEZ, JOSE 14600 S.W. 51 ST.	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	~47779 N. 8~	COLLINS AUE I BEACH, FL	\$ 2008 33140	☐ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS	SVD RODRIGUEZ, RITA C. 14600 S.W. 51 ST.	☐ Delete	TITLE NAME STREET ADDRESS		COLLINS AV	Change	☐ Addition	CR2
CITY-ST-ZIP TITLE NAME	MIAMI FL	- Oelete	CITY-ST-ZIP TITLE	MIAN		331YV	- Addition -	
STREET ADDRESS			STREET ADDRESS TO CITY-ST-ZIP	2 ~	1			<del></del>
NAME STREET ADDRESS GITY-ST-ZIP	·	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition	
13. I hereby of indicated of the core	certify that the information supplied wit on this report or supplemental report poration or the receiver or frustee emp or on an attachment with an address,	is true and accurate and that my sowered to execute this report a	he exemption stat signature shall he s required by Cha	ave ine same pter 607, Flor	ida Statutes; and that my na	s. I further certify that the rereast; that I am an officer me appears in Block 11 o	nformation or director r Block 12 if	
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED KAME OF SIGNING OFFICER OR CIRECTOR  SIGNATURE AND TYPED OR PRINTED KAME OF SIGNING OFFICER OR CIRECTOR  Deta Destarra Phone #								