

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90065 045 \*\*\*150.00

**DOCUMENT # S26367**

1. Entity Name

**INTERIOR DESIGNS BY DAPHNE WEISS, INC.**

Principal Place of Business

Mailing Address

43 SW 15TH COURT  
 BOCA RATON FL 33486  
 US

~~P.O. BOX 276157~~  
 BOCA RATON FL 33427-6157  
 US

00016906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**43 SW 15<sup>th</sup> COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BOCA RATON FL**

4. FEI Number **65-0256846**

Applied For

Not Applied

Zip

Country

Zip

Country

**33486**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HCRM CORP.  
 2200 CORPORATE BLVD NW STE 401  
 BOCA RATON FL 33431

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

*Daphne Weiss, Pres.*

**1-17-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | PST <input type="checkbox"/> Delete                            |
| NAME           | WEISS, DAPHNE  |
| STREET ADDRESS | <del>P.O. BOX 276157</del> <b>43 SW 15<sup>th</sup> COURT</b>  |
| CITY-ST-ZIP    | <del>BOCA RATON FL 33427-6157</del> <b>BOCA RATON FL 33486</b> |
| TITLE          | <input type="checkbox"/> Delete                                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete                                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete                                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete                                |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |   |
|----------------|---|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/>            |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/>            |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/>            |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Daphne Weiss, Pres.*

**1-17-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #