

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90080 015 \*\*\*150.00

**DOCUMENT # S26715**

1. Entity Name

**MYNA HOMBURGER INTERIORS, INC.**

Principal Place of Business

**13795 LABATEAU ISLE  
 PALM BEACH GARDENS FL 33410-1262**

Mailing Address

**13795 LABATEAU ISLE  
 PALM BEACH GARDENS FL 33410-1262**

2. Principal Place of Business

**13797 LABATEAU ISLE**

Suite, Apt. #, etc.

3. Mailing Address

**13797 LABATEAU ISLE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**PALM BEACH GARDENS FL**

Zip

**33410**

Country

**PALM BEACH**

City & State

**PALM BEACH GARDENS FL**

Zip

**33410**

Country

**PALM BEACH**

4. FEI Number

**65-0235714**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOMBURGER, HANS  
 13795 LABATEAU ISLE  
 PALM BEACH GDNS FL 33410**

7. Name and Address of New Registered Agent

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

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, 2002 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 **D** ☐ Delete  
 NAME **HOMBURGER, MYNA**  
 STREET ADDRESS **13795 LABATEAU ISLE**  
 CITY-ST-ZIP **PALM BCH. GARDENS FL**

TITLE **D** ☐ Delete  
 NAME **HOMBURGER, HANS**  
 STREET ADDRESS **13795 LABATEAU ISLE**  
 CITY-ST-ZIP **PALM BCH. GARDENS FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/02** **561**  
 Date Daytime Phone

CR2E034 (9/01)