

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90105 037 ***150.00

DOCUMENT # S39146

1. Entity Name
LIRETTE'S INTERIOR, INC.



Principal Place of Business
**737 S.W. 1ST AVE.
BOYNTON BEACH FL 33426**

Mailing Address
**737 S.W. 1ST AVE.
BOYNTON BEACH FL 33426**

2. Principal Place of Business

1632 Feather trail
Suite, Apt. #, etc.

3. Mailing Address

1632 Feather trail
Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33411

Country

Zip

33411

Country

Palm Beach

6. Name and Address of Current Registered Agent

**LIRETTE, JOSEPH
737 SW 1 ST AVE
BOYNTON BEACH FL 33426**

4. FEI Number **65-0304246**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LIRETTE, JOSEPH**
STREET ADDRESS **737 SW 1ST AVE.**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **S** ☐ Delete
NAME **TARBINBO, RICHARD D**
STREET ADDRESS **39 SW 9TH TERR**
CITY-ST-ZIP **BOCA RATON FL 53486**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **ImBimbo, Richard D**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03 561-640-8888

Date

Daytime Phone #

CR2E034 (10/02)