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

## DOCUMENT # S40736

1. Entity Name AFFORDABLE INTERIORS SUPPLY, INC



## **FILED** Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90649 003 \*\*\*150.00

	ce of Business IMERCIAL BLVD FL 33319	7542 W COMM	Mailing Address 7542 W COMMERCIAL BLVD LAUDERHILL FL 33319							
2. Principal Place of Business		3. Mailing Address								-
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Numbe	4. FEI Number 65-0250234		-	Applied For	
Zip Country		Zip	Zip Coun		5. Certificate			3.75 Ad	Additional quired	
	6. Name and Address of Curre	nt Registered Agent		T	7. Name and	Address of New Reg	istered Ag	ent		1
				Name						1
LUCCI, MICHAEL						•				
,			Street Ac		ss (P.O. Box Numbe	r is Not Acceptable)				7
4955 NW	119 TERRACE					<u> </u>				
CORAL S	PRINGS FL 33075									7
						***				╛
				City		• • •	FL	Zip Cod	le	
8. The above	e named entity submits this statement	for the purpose of cha	enging its registe	ered office or regis	stered agent, or bot	in the State of Florid	!	iliar with	and accept	┨
the obliga	tions of registered agent.	inor and porposed or one	anging no region	area emee or region	stored agent, or bot	i, in the state of Florida	a. I alli lall	mai witin	and accept	1
SIGNATURE						•				
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registe	red Agent signature requ	uired when reinstating)		DATE			ĺ
	# 5 NOW   FFF 10 A450 00									-
	ILE NOW!!! FEE IS \$150.00	_			9. Ele	ction Campaign Financ	cina	\$5.0	May Be	
	May 1, 2003 Fee will be \$550.00					st Fund Contribution.			to Fees	
Make Check	Payable to Florida Department	of State		_						
10.	OFFICERS AN	D DIRECTORS	11		ADDITIONS/	CHANGES TO OFFICE	RS AND DI	RECTOR	S IN 11	
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CITY-ST-ZIP		•	1	r-St-ZIP	•		,			
12. I hereby c indicated of the corp	ertify that the information supplied wi on this report or supplemental report poration or the receiver of trustee emp	is true and accurate a powered to execute thi	ualify for the exe nd that my signal is report as requ	ni beteta noitom	Section 119.07(3)(i) e same legal effect 07, Florida Statutes	, Florida Statutes. I furl as if made under oath , and that my name ap	ther certify t ; that I am a pears in Blo	hat the in in officer ock 10 or	of director Block 11 if	(
changed,	or on an attachment with an address	un an other like emp	owerea.							l

**SIGNATURE:** 

SENATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #