2003 FOR PROFIT CORPORATION

UÑ	IIFOR	M BUSINE	SS	REPOR	T (UBR)		Feb 05, 200	03	8: 0	0 an	1
DOCUMENT # S61619 1. Entity Name GAIL BERNSTEIN INTERIORS, INC.								Secretary of State 02-05-2003 90115 042 ***150.00				
Principal Place of Business 20320 FAIRWAY OAKS DRIVE BOCA RATON FL 33434 US			Mailing Address 20320 FAIRWAY OAKS DRIVE BOCA RATON FL 33434 US									
2. Principal	Place of Busin	ness	3. Ma	iling Address		٠.	1	# # ## ################################				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number 65-0277813 Applied For						
Zip	İ	Country	Zip		Coun	try	5.	Certificate of Status Desired		75 Ad		
	6. Name	and Address of Current F	enister	ed Agent						Require	ed	4
		and Address of Outletter	egister	ed Ageni		Name	- /. 	Name and Address of New Register	ed Ager	<u> 11 </u>		4
BERNSTE		(A DDIVE					P.O. B	Box Number is Not Acceptable)				_
20320 FAIRWAY OAKS DRIVE BOCA RATON FL 33434											1	
DUCA NA	TON PL 33	134				City			- a [Zip Cod		
9 The about	· '					•		-	L	•		
the obliga	e named entit tions of regist	y submits this statement for ered agent.	the purp	ose of changing its	registere	d office or register	ed ag	ent, or both, in the State of Florida. I a	ım famil	iar with	and accept	
	-	-										-
SIGNATURE		or printed name of registered agent an	d title if app	blicable. (NOTE:	Registered	Agent signature required	when re	einstating) DAT	<u> </u>			
	·	! FEE IS \$150.00		1				JAN DAI				4
Afte	r May 1, 200	3 Fee will be \$550.00 Florida Department of	State				i	Election Campaign Financing Trust Fund Contribution.		\$5.0 Added	0 May Be I to Fees	
10.		OFFICERS AND D		I RS	11.		ΔD	L DITIONS/CHANGES TO OFFICERS A	VID DID	ECTOR	2 IN L 4 4	4
TITLE	P			☐ Delete	TITLE	· · ·	710	DITIONS/CHANGES TO OFFICERS A		Change	Addition	ୀ ର
NAME STREET ADDRESS CITY-ST-ZIP		n, gail Rway oaks drive 'on fl 33434		_ 2000	NAME STREE	T ADDRESS ST-ZIP				Onange		034 (10/02)
TITLE NAME				☐ Delete	TITLE			·		Change	Addition	
STREET ADDRESS CITY-ST-ZIP						T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS] 7			☐ Delete	TITLE		-	; .		Change	Addition	
CITY-ST-ZIP					CITY-	T ADDRESS ST-ZIP						
TITLE				☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	1
NAME Street Address City-St-Zip	· ;				NAME STREET CITY-S	T ADDRESS ST- ZIP						
TITLE NAME			•	☐ Delete	TITLE			-		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	i				NAME STREET CITY-S	ADDRESS ST-ZIP						
TITLE	-			☐ Delete	TITLE					hange	Addition	
NAME STREET ADDRESS					NAME	4000000					ĺ	
CITY-ST-ZIP		\triangle			CITY-S	ADDRESS T-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 as 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 required 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 addiess, with all other like empowered. GRANURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: