

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90160 025 \*\*\*150.00

**DOCUMENT # S88510**

1. Entity Name

**L & L INTERIORS, INC.**

*R*

Principal Place of Business

**12748 NW 15TH ST  
 SUNRISE FL 33323**

Mailing Address

**12748 NW 15TH ST  
 SUNRISE FL 33323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0294767**

Applied For

Not Applicable

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

**PLAVNICK, ELIZABETH  
 12748 NW 15TH ST  
 SUNRISE FL 33323**

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 \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PLAVNICK, ELIZABETH**  
 CITY-ST-ZIP **12748 NW 15TH ST  
 SUNRISE FL**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PLAVNICK, IRWIN**  
 CITY-ST-ZIP **12748 NW 15TH ST  
 SUNRISE FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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)(l), 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:

*Elizabeth Plavnick*  
**ELIZABETH PLAVNICK**  
 PRESIDENT

*7/14/00*  
 Date

*954-846-8284*  
 Daytime Phone #

388510

A0009248

# MEMO

L AND L INTERIORS, INC.  
d/b/a Decorating Den  
12748 N.W. 15th Street  
Sunrise, Florida 33323  
(954)(305) 846-8284

To Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Date 7/14/80  
Subject 2000 UNIFORM BUS. REPORT  
(MY DOCUMENT #588510)  
(FEI #65-0294767)

Enclosed please find my check #2608 in the amount of \$150.00 (free of penalties) for the above described corporation annual filing fee.

As I explained to Brenda (your office), I have and have not found any original billing forms, although I am quite careful with corporate related mail to my business. Somehow I did not receive any correspondence from you until the "second notice" came to me the other day.

I sincerely appreciate your allowing me to remit the original billing amount of \$150. Elizabeth Plavnick  
President