

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V52982

1. Entity Name

COMMERCIAL INTERIORS CORPORATION OF BOCA RATON

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90103 045 ***150.00

Principal Place of Business

Mailing Address

2250 NW 30TH PLACE
POMPANO BEACH FL 33069
US

2250 NW 30TH PLACE
POMPANO BEACH FL 33069
US

2. Principal Place of Business

3. Mailing Address

5653 N.W. 29th St.,
Suite, Apt. #, etc.

5653 N.W. 29th St.,
Suite, Apt. #, etc.

City & State

City & State

Margate, Florida

Margate, Florida

4. FEI Number

65-0420069

Applied For

Not Applicable

Zip
33063

Country

Broward

Zip

33063

Country

Broward

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

SIMONS, ALAN
2250 NW 30PL
POMPANO BEACH FL 33069

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SIMONS, ALAN
2250 NW 30 PLACE
POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SIMONS, ALAN
5653 NW 29th Street,
Margate, Florida 33063 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: ALAN SIMONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/01 954-917-1011

Date

Daytime Phone #

CR2E034 (10/00)