

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54373

1. Entity Name

INTERNATIONAL HOME CENTER INTERIOR INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90046 012 \*\*\*150.00

Principal Place of Business

Mailing Address

1727 N.W. 38TH AVE  
LAUDERHILL FL 33311

1727 N.W. 38TH AVE  
LAUDERHILL FL 33311-4128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2751 S Ocean Dr.

2751 S. Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 701 North

# 701 North

City & State  
Hollywood FL

City & State  
Hollywood FL

4. FEI Number 65-0348082

Applied For

Not Applicable

Zip 33019-2733

Country Broward

Zip 33019-2733

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

MELDUNG, JACOB

6423 COLLINS AVE.

APT. 203

MIAMI BEACH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

2751 S. Ocean

# 701 North

City Hollywood

FL

Zip Code 33019-2733

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, 2000 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 ☐ Delete  
NAME  
DPS  
STREET ADDRESS  
MELDUNG, JACOB  
CITY-ST-ZIP  
6423 COLLINS AVE., #203  
MIAMI BEACH FL 33141

TITLE ☒ Change ☐ Addition  
NAME  
2751 S. Ocean Dr. #701 North  
STREET ADDRESS  
Hollywood, FL 33019-2733  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/00

Date

(954) 232-8819

Daytime Phone #

CR2E034 (9/99)