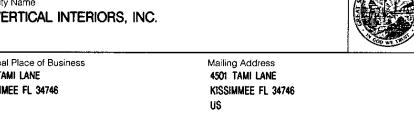
FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90356 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V62320 **DOCUMENT#** 1. Entity Name LA VERTICAL INTERIORS, INC.





| Principal Place of Business 4501 TAMI LANE KISSIMMEE FL 34746 US | | | Mailing Address 4501 TAMI LANE KISSIMMEE FL 34746 US | | | | | | | | | |
|--|---|--|---|-----------------------|---------------|---|--|--------------------------------|--|-------------------|-------------------------------|--|
| 2. Principal Place of Business | | | 3. Mailing Address . | | | | | | BLOSE BEBEL BE | UH 31811 UNH 1801 | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | | | 4. F | ^{-EI Number} 59-3137098 | | Applied For Not Applicable | |
| Zip Country | | Zip Cou | | Coun | try | 5. Certificate of Stat | | Certificate of Status Desired | Desired S8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| | | | | | | Name | | | | | • | |
| SELF, RUTH | | | | | | Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 4501 TMAI LANE | | | | | | | | | | | | |
| KISSIMME | E FL 34746 | | | | | | | | | | | |
| | | | | | | City | | | F | Zip (| Code | |
| | named entity su tions of registere | | the purpo | se of changing its re | egistere | ed office or i | registere | ed age | ent, or both, in the State of Florida. I an | n familiar w | ith, and accept | |
| SIGNATURE | Signature, typed or p | rinted name of registered agent an | nd title if applic | cable. (NOTE: F | Registered | d Agent signatur | e required | when rei | instating) DATE | | | |
| 4 After | r May 1, 2003 | FEE IS \$150.00 Fee will be \$550.00 orida Department of | State | | | | | | Election Campaign Financing Trust Fund Contribution. | | 5.00 May Be ided to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | 11. | 11. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS | CSTD SELF, RUTH 4501 TAMI L | | | ☐ Delete | | ET ADDRESS | | • | | ☐ Chan | | |
| CITY-ST-ZIP | KISSIMMEE I | <u>-L</u> | | | ┢ | ·ST-ZIP | | | | | | |
| TITLE NAME | PD Self, Geor | | | ☐ Delete | TITLE NAME | - 1 | | | | ☐ Chan | ge | |
| STREET ADDRESS CITY-ST-ZIP | 4501 TMAI L KISSIMMEE I | | | | | ET ADDRESS S1-ZIP | | | | | | |
| TITLE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Table 1 Lines Sp | | ☐ Delete | TITLE | | | | | ☐ Chan | ge 🔲 Addition | |
| NAME | | | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | ET ADDRESS ST-ZIP | | | | | | |
| | | | | □ out+ | 1 | + | | | , tast | □ Che- | no Dáddiálac | |
| TITLE NAME | | | | ☐ Delete | TITLE | 1 | | | | ☐ Chan | ge 🔲 Addition | |
| STREET ADDRESS | | | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | ST-ZIP | | | | | | |
| TITLE | | • | | ☐ Delete | TITLE | | | | | ☐ Chan | ge 🗌 Addition | |
| NAME | | | | | NAME | : | | | | · | | |

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

■ Addition