

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03770

1. Entity Name

NIGHT OWL DESIGNS, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90074 015 \*\*\*150.00

Principal Place of Business

Mailing Address

130 SW 206 AVE  
 PEMBROKE PINES FL 33029  
 US

130 SW 206 AVE  
 PEMBROKE PINES FL 33029-5013  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0135756

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERLOW, JEFFREY M.  
 % PERLMAN & PERLOW, P.A.  
 1820 E HALLANDALE BEACH BLVD  
 HALLANDALE FL 33009

Name

PHILIP ALLEMAN

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

130 SW 206 AVENUE

City

PEMBROKE PINES

FL

Zip Code

33029

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]*

PHILIP ALLEMAN RESIDENT

2/29/00

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 PD  
 STREET ADDRESS ALLEMAN, PHILIP  
 CITY-ST-ZIP 130 SW 206 AVENUE  
 PEMBROKE PINES FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 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)(f), 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]*

PHILIP ALLEMAN

2/29/00

ASU

432-2757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)