## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Aug 21, 2002 8:00 am Secretary of State DOCUMENT # M20607 1. Entity Name 08-21-2002 90084 034 \*\*\*150.00 BUSINESS DESIGN CENTER, INC. Principal Place of Business Mailing Address C/O LANEY SILVER P. O. BOX 523614 85 LENAPE DR. MIAMI FL 33152 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 655 westward Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2584471 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVER, LANEY (B.O. Box Number is Not Acceptable) UESTWAYA DYIVE 85 LENAPE DR. MIAMI FL 33166 City 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. t am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE NAME SILVER, LANEY NAME 655 Westward Drive STREET ADDRESS 85 LENAPE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE .: - Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 attachme nt with an address,

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Laney Silver Director 8/16/02 305 8848855

**FILED** 

BUSINESS DESIGN CENTER
PO Box 523614, Miami, FL 33152 Text: 305.884.8033 Phone: 305.884.8855

August 16, 2002

Florida Department of State Uniform Business Report Filings Post Office Box 1500 Tallahassee, FL 32302-1500

RE: Document #M20607

Our first notification of the 2002 Uniform Business Report was received in the mail in August. We were quite surprised to see this was a notice of dissolution and not the usual form we are accustomed to. We are enclosing our check for \$150.00 as recommended.

If there are any questions or problems with this request please advise as soon as possible.

Thank you,

Laney Silven Director