

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116688

1. Entity Name

DESIGN DISTRICT ASSOCIATES, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90065 029 ***150.00

Principal Place of Business

1632 PENNSYLVANIA AVE
MIAMI BEACH FL 33139

Mailing Address

1632 PENNSYLVANIA AVE
MIAMI BEACH FL 33139

2. Principal Place of Business

1632 Pennsylvania Ave
Suite, Apt. #, etc.

3. Mailing Address

1632 Pennsylvania Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

651068306

Applied For

Not Applicable

Zip

33139

Country

US

Zip

33139

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EBIN, LINDA
1399 SW 1ST AVE, STE 301
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

CRAIG Robins

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

1632 Pennsylvania Avenue

City

Miami Beach

FL

Zip Code

33139

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)

3/25/01

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

TITLE D
NAME ROBINS, CRAIG
STREET ADDRESS 1632 PENNSYLVANIA AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

1632 Pennsylvania Avenue
Miami Beach, FL 33139

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice-President 3/25/01 (305) 531-8700

Date

Daytime Phone #

CR2E034 (10/00)

0015708