2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000013020 **DOCUMENT #**

Country

6. Name and Address of Current Registered Agent

1. Entity Name

SUITE 304

Suite, Apt. #, etc.

JENNINGS, SYLVIA L

City & State

Ζiρ

M DESIGNS INTERNATIONAL, INC.



Principal Place of Business Mailing Address 1050 LEE WAGENER BOULEVARD 1050 LEE WAGENER BOULEVARD SUITE 304 FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address

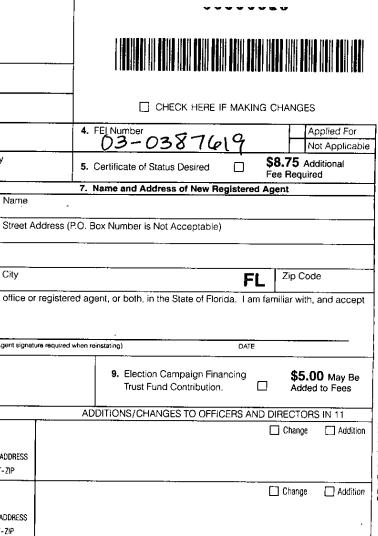
Suite, Apt. #, etc.

City & State

Zip

| FILED |
|----------------------|
| Jan 13, 2003 8:00 am |
| Secretary of State |
| |

01-13-2003 90449 036 ***150.00



| 1050 LEE WAGENER BOULEVARD | | | | Circle Address (1.0. Box Northoliter is Not Acceptable) | | | |
|--|--|--|---|---|---|--|--|
| SUITE 30 FT. LAUD | 04 Derdale fl 33315 | | O'h | | 1 | | |
| | | | City | | FL Zip Cod | de | |
| 8. The above the obliga | e named entity submits this statement for the purp tions of registered agent. | ose of changing its r | egistered office or regis | tered agent, or both, in the State of Florio | ia. I am familiar with | , and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent and title if app | licable. (NOTE: | Registered Agent signature requ | ired when reinstating) | DATE | | |
| Afte Make Checl | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State | | | 9. Election Campaign Finan Trust Fund Contribution. | ~ _ ~ | DO May Be d to Fees | |
| 10. 😽 | OFFICERS AND DIRECTO | RS | 11. | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTOF | RS IN 11 | |
| NAME STREET ADDRESS CITY-ST-ZIP | PSTD JENNINGS, SYLVIA 1050 LEE WAGENER BOULEVARD, SUITE FT. LAUDERDALE FL 33315 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, RAMON A 350 EAST LAS OLAS BOULEVARD, SUITE FT. LAUDERDALE FL 33301 | □ Delete 1420 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORALES PEREIRA, AUGUSTO C 1050 LEE WAGENER BOULEVARD, SUITE FT. LAUDERDALE FL 33315 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition | |
| 12. I hereby of indicated of the correctanged. | certify that the information supplied with this filing on this report or supplemental report is true and a poration or the receiver of fustee empowered to be or on an attachment with an address, with all other or on an attachment with an address. | does not qualify for the courate and that my xegute this report as | e exemption stated in S signature shall have the required by Chapter 60 | Section 119.07(3)(i), Florida Statutes. I fur e same legal effect as if made under oath 07, Florida Statutes; and that my name ar | ther certify that the ir that I am an officer opears in Block 10 or | nformation or director Block 11 if | |

Country

Name

Sylvia L. Hewnings 1-9-03 -