

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079114

1. Entity Name

RESTREPO DESIGN GROUP, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90069 001 ***150.00

Principal Place of Business

Mailing Address

9310 S.W. 103 AVE.
MIAMI FL 33176

9310 S.W. 103 AVE.
MIAMI FL 33176-1610

2. Principal Place of Business

4960 S.W. 72ND AVENUE

3. Mailing Address

4960 S.W. 72ND AVENUE

Suite, Apt. #, etc.

307

Suite, Apt. #, etc.

307

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0531240

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL, CHART
D/B/A AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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
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

TITLE ☐ Delete

NAME D RESTREPO, MARGARITA

STREET ADDRESS 9310 S.W. 103 AVE.

CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete

NAME VP RESTREPO, MARTA

STREET ADDRESS 9310 SW 103RD AVE

CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME TS RESTREPO, ANA M.

STREET ADDRESS 9310 SW 103RD AVE

CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

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)(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 all other like empowered.

SIGNATURE:

MARGARITA RESTREPO

4/19/00 (305) 665-0116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #