

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90075 030 ***150.00

DOCUMENT # P98000039622
 1. Entity Name
ETIQUETTE DESIGNERS GROUP, INC.

Principal Place of Business Mailing Address
1440 AGUA AVE **1440 AGUA AVE**
CORAL GABLES FL 33156-6407 **CORAL GABLES FL 33133-6401**

2. Principal Place of Business 3. Mailing Address
3797 EL PRADO BLVD **3797 EL PRADO BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
COCONUT GROVE,
 City & State City & State
COCONUT GROVE, FLORIDA **FLORIDA 33133**
 Zip Country Zip Country
33133 **DADE** **DADE**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0853928 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

TEMCHIN, ILENE
328 MINORCA AVE 2ND FL
CORAL GABLES FL 33134

Name
 Street Address (P.O. Box Number is Not Acceptable)
10 PROSPECT DR
CORAL GABLES
 City State Zip Code
FLORIDA **FL** **33133**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBMAN, LINDA	NAME	
STREET ADDRESS	1440 AGUA AVE	STREET ADDRESS	3797 EL PRADO BLVD
CITY-ST-ZIP	CORAL GABLES FL 33156-6402	CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **XOBS** **President** Date: **2/23/00** Daytime Phone #: **305-461-9255**

CR2E034 (9/99)