2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V65439

DOCUMENT # 1. Entity Name

FABRE DESIGN GROUP INC.

Principal Place of Business	Mailing Address						
9404 N.W. 13TH STREET BAY 41	9404 N.W. 13TH STREE						
MIAMI FL 33172	MIAMI FL 33172						
US	US						
2. Principal Place of Business	Mailing Address						

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90129 009 ***150.00	0290618 AV

9404 N.W. 13 MIAMI FL 331 US	3TH STREET BAY 41 9404 N.W. 13TH STREET BAY 41 8172 WIAMI FL 33172 US													
2. Principal F	. Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc. Suite, Apt			, Apt. #, etc.	Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES							
City & Stat	City & State City & State						4.	I. FEI	Number 65-0	358313			oplied For	
Zip		Country	Zip Cour			ry	5.	i. Cert	ditional d					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent							
						Name								
FABRE, E		CCT DAY 44				Street Ad	ldress (P.O.	. Box !	Number is Not A	cceptable)				
		EET., BAY 41												
MIAMI FL	331/2					.,								
						City					FL	Zip Cod	e	
	tions of regist	y submits this statement for ered agent.				d office or r				itate of Flor	ida. I am	familiar with,	and accept	
`	Signature, typeu	or printed harne or registered agent	ана вке и арри	CADIE. (NOTE. F		Agent signatur	e required writer	T		<i>-</i>	DATE			
After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State						9. Election Can Trust Fund C	. •		\$5.0 Added	0 May Be I to Fees	
10.		OFFICERS AND	DIRECTOR	RS	11.			ADDIT	IONS/CHANGE	S TO OFFI	CERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fabre, ei 9404 n.W. Miami Fl	13TH STREET., BAY 4	H ^{&}	☐ Delete		- 1						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FABRE, AI 9404 N.W. MIAMI FL	13TH STREET., BAY 4	} I1	☐ Delete						F		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROSS, M 9404 N.W. MIAMI FL	13TH STREET., BAY 4	11	☐ Delete	,							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP						Change	☐ Addition	
TITLE NAME ' STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP		•				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP						□ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AUGO AND REQUIRED Ernest Fabre SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-586-0172