

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038580

1. Entity Name

Designing Success, Inc.

Principal Place of Business

Mailing Address

10700 NW 7th CT  
Plantation, FL 33324

2. Principal Place of Business

3. Mailing Address

10700 NW 7th CT

10700 NW 7th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plantation FL

Plantation, FL

Zip

Country

Zip

Country

33324

USA

33324

USA

4. FEI Number

65-1002873

Applied For

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

Douglas E Ede  
6361 Sunset Dr  
Miami, FL 33143

Name Samuel Wachtel

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

10700 NW 7th CT

City Plantation

FL

Zip Code 33324

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

Samuel Wachtel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Director  
NAME Cheryl Wachtel  
STREET ADDRESS 15495 Eagle Nest Lane  
CITY-ST-ZIP Miami Lakes, FL 33014

☐ Delete

TITLE President, Director  
NAME Cheryl Wachtel  
STREET ADDRESS 10700 NW 7th CT  
CITY-ST-ZIP Plantation, FL 33324

☒ 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  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ 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

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:

Cheryl Wachtel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cheryl Wachtel 4-30-01 (305) 836-3334

FILED

May 19, 2001 8:00 am  
Secretary of State

05-19-2001 90276 048 \*\*\*150.00

00055552

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)