

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90613 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000038580*

1. Entity Name-

Designing Success, Inc

001808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7900 NW 27 Ave

3. Mailing Address

Suite, Apt. #, etc.

77 West Plaza

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33180

Country

DADE

Zip

Country

4. FEI Number

651002873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Samuel Wachtel*

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

7900 NW 27 Ave, 77 West Plaza

City *MIAMI*

FL

Zip Code

33147

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) *[initials]*

January 1 - May 1, Fee is: \$150.00

After May 1, Fee is: \$550.00

Amended UBR is: \$61.25

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
NAME *PD Cheryl Wachtel*
STREET ADDRESS *7900 NW 27 Ave 77 West Plaza*
CITY - ST - ZIP *MIAMI FL 33147*

TITLE
NAME *DS Samuel Wachtel*
STREET ADDRESS *7900 NW 27 Ave 77 West Plaza*
CITY - ST - ZIP *MIAMI FL 33147*

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with or without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Wachtel

Date

Daytime Phone

5-1-02 (305) 836-6969

CR2E034B (12/01)