

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000077718**

1. Entity Name

PAULO DESIGN GROUP, CO.

FILED

02 DEC 19 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~4485 POST AVENUE~~ 1567 BAY DR  
MIAMI BEACH FL ~~33140~~ 33141

Mailing Address

~~4485 POST AVENUE~~ 1567 BAY DR  
MIAMI BEACH FL ~~33140~~ 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1130188

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORREA, PAULO ROBERTO

~~4485 POST AVENUE~~ 1567 BAY DR  
MIAMI BEACH FL ~~33140~~ 33141

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, 2002 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 P  
NAME CORREA, PAULO ROBERTO ☐ Delete  
STREET ADDRESS 4485 POST AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33140TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME CORREA PAULO ROBERTO  
STREET ADDRESS 1567 BAY DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33140TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500009701815  
CITY-ST-ZIP 12/25/02-01073-017-\*\*\*8.75TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED

4-31-02 305-866-9076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2EC34 (9/01)

DEC 12, 2002

Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 33214

RE: ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM

Gentlemen:

My Company name is PAUL DESIGN GROUP CO.  
and as yet, I have not received the abovementioned form.

I am also sending a check in the amount of \$150.00 to cover the fee.

Thanks in advance.

PO1000077718

Sincerely,

Paul D. Gains

ma

WAS Send to the  
WRONG ADDRESS