

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 414390

1. Entity Name
DRAGO ARTISTIC DESIGNS, INC.Principal Place of Business
8346 NW SOUTH RIVER DRIVE
SUITE E
MEDLEY FL 33166Mailing Address
8346 NW SOUTH RIVER DRIVE
SUITE E
MEDLEY FL 33166

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1437947
Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, DAGOBERTO
8346 NORTHWEST SOUTH RIVER DRIVE EAST
MEDLEY FL 33166Name *Ara Maria Fernandez*

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

8346 N.W. South River Dr. Ste E
Medley, FL 33166

Zip Code 33166

7. Name and Address of New Registered Agent

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 *Ara Maria Fernandez*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 07-26-02

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 State10. 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 PD
NAME DAGOBERTO, FERNANDEZ
STREET ADDRESS 8346 NW SOUTH RIVER DRIVE STE E
CITY-ST-ZIP MEDLEY FL 33166 DeleteTITLE PD
NAME Ara Maria Fernandez
STREET ADDRESS 8346 N.W. South River Dr., Ste E
CITY-ST-ZIP Medley, FL 33166 Change AdditionTITLE Ara Maria Fernandez
NAME DAGOBERTO, FERNANDEZ
STREET ADDRESS 8346 N.W. South River Dr.,
CITY-ST-ZIP Medley, FL 33166 DeleteTITLE Ara Maria Fernandez
NAME DAGOBERTO, FERNANDEZ
STREET ADDRESS 8346 N.W. South River Dr.,
CITY-ST-ZIP Medley, FL 33166 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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: *Ara Maria Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90003 017 ***150.00



DO NOT WRITE IN THIS SPACE