2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a address, with all other like empowered.

SIGNATURE: _

FILED Feb 26, 2001 8:00 am Secretary of State **DOCUMENT # 522750** INTERNATIONAL DESIGNS, INC. 02-26-2001 90524 038 ***150.00 Principal Place of Business Mailing Address 2988 GRIFFIN RD. 2988-GRIFFIN-RD: FT: LAUDERDALE FL 33312 FT.-LAUDERDALE FL-33312-C0024563 2. Principal Place of Business Mailing Address 4411 N. HWAY N.DINE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1713243 RATON, FL BOC A Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOORSTEIN, RAYMOND W. 2988-GRIFFIN-RD. FT. LAUDERDALE FL-33312 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change TITLE ☐ Delete TITLE **BOORSTEIN, RAYMOND W** NAME NAME 4411 N. DIXIE HWAY BOCA RATON, FL33431 STREET ADDRESS STREET ADDRESS 2988 GRIFFIN RD. CITY-ST-ZIP CITY-ST-ZIP FT-FAUDERDALE FL TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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 fequiled by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

561-347-2988 Daytime Phone #