FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT #\F54632 DESIGNED FINANCIAL, INC. 04-03-2001 90046 021 ***150.00 Principal Place of Business Mailing Address 6423 COLLINS AVE #1707 6423 COLLINS AVE #1707 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 A Dan 44 CAS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2143095 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARAMANLAKIS, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 6423 COLLINS: AVE: #1707-MIAMI BEACH FL 33141 City 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 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 11. CR2E034 (10/00) ☐ Delete ☐ Change ☐ Addition TITLE TITLE KARAMANLAKIS, ANTHONY NAME NAME 6423 COLLINS AVE #1707 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH. FL TITLE Change ☐ Addition ☐ Delete TITLE KARAMANLAKIS, ANTHONY NAME NAME 6423 COLLINS AVE #1707 STREET ADDRESS STREET ADDRESS MIAMI BCH. FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITI F NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

SIGNATURE:

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