

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90026 005 ***150.00

DOCUMENT # F78631

1. Entity Name
DESIGN VENTURES, INC.

Principal Place of Business

~~2875 NE 191 ST~~
~~500~~
~~AVENTURA FL 33180~~
~~US~~

Mailing Address

~~2875 NE 191 ST~~
~~500~~
~~AVENTURA FL 33180~~
~~US~~

2. Principal Place of Business

1200 Ponce de Leon Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1200 Ponce de Leon Blvd.

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Coral Gables, FL

Zip

33134

Country

US

Zip

33134

Country

US

4. FEI Number

59-2193934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREAKSTONE, ARTHUR

~~2875 NE 191 ST~~

~~SUITE #500~~

~~AVENTURA FL 33180~~

Name

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

1200 Ponce de Leon Blvd.

City

Coral Gables

FL

Zip Code

33134

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

Arthur Breakstone

4/30/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BREAKSTONE, NOAH ☐ Delete
2875 N.E. 191ST STREET, SUITE #500
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD ☒ Change ☐ Addition
Breakstone, Noah
1200 Ponce de Leon Boulevard
Coral Gables, Florida 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
BREAKSTONE, JULIE
2875 NE 191 ST., SUITE #500
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition
Breakstone, Julie
1200 Ponce de Leon Boulevard
Coral Gables, Florida 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☐ Delete
BREAKSTONE, ARTHUR
2875 NE 191 ST., SUITE #500
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☒ Change ☐ Addition
Breakstone, Arthur
1200 Ponce de Leon Boulevard
Coral Gables, Florida 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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:

Arthur Breakstone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (305) 705-0001

Date

Daytime Phone #

CR2E034 (10/00)