

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003696

1. Entity Name

DESIGNERS CHOICE OF MIAMI, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90032 048 ***150.00

Principal Place of Business

25 A EAST STREET
CAMBRIDGE MA 02141
US

Mailing Address

25 A EAST STREET
CAMBRIDGE MA 02141
US

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 04-2989284

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

BUDNICK, MYRON H ESQUIRE
8050 NW 90TH STREET
MIAMI FL 33166

Name

ALVARO UCROS

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

16280 South West Rd.
Apt 202

City

Weston

FL

Zip Code

33331

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 ALVARO UCROS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/01

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	CP	<input type="checkbox"/> Delete
NAME	LONDONO, MIGUEL	
STREET ADDRESS	25 A EAST STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
TITLE	S	<input type="checkbox"/> Delete
NAME	LONDONO, MARY	
STREET ADDRESS	25 A EAST STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Miguel F. Londono (MIGUEL FLONDONO)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/23/01

Date

617-494-9666

Daytime Phone #

CR2E034 (10/00)