

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90990 030 ***150.00

DOCUMENT # **G16840**

1. Entity Name

SOUTHERN DESIGN WORKS, INC.

Principal Place of Business

Mailing Address

12300 SW 132 COURT
MIAMI, FL 33186

40 RANNI SHAPIRO
1541 BRICKELL AVE
APT 1504
MIAMI, FL 33129

C0058942

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

59-2241253

DO NOT WRITE IN THIS SPACE

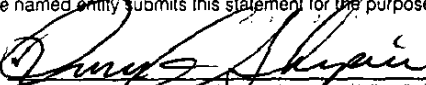
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, RONNI
1541 BRICKELL AVE, APT 1504
MIAMI, FLORIDA 33129

Name
SHAPIRO, RONNI
 Street Address (P.O. Box Number is Not Acceptable)
1541 BRICKELL AVE, APT 1504
 City
MIAMI FL Zip Code
33129

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

4/1/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

☒

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 **PS** ☐ Delete
 NAME **SHAPIRO, RONNI**
 STREET ADDRESS **12300 SW 132 COURT**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **PS** ☒ Change ☐ Addition
 NAME **SHAPIRO, RONNI**
 STREET ADDRESS **1541 BRICKELL AVE, APT 1504**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE **VP** ☐ Delete
 NAME **SHAPIRO, JEREMY**
 STREET ADDRESS **12300 SW 132 COURT**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VP** ☒ Change ☐ Addition
 NAME **SHAPIRO, JEREMY**
 STREET ADDRESS **1541 BRICKELL AVE, APT 1504**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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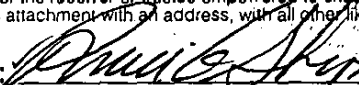
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONNI SHAPIRO
PRES

Date

Daytime Phone #

4/1/01

CR2E034 (11/00)