

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90146 024 ***150.00

DOCUMENT # *G 16840*

1. Entity Name

SOUTHERN DESIGN WORKS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1541 BRICKELL AVE.

3. Mailing Address

1541 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40 RONNI SHAPIRO, SUITE 1504

40 RONNI SHAPIRO, SUITE 1504

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33129

DADE

33129

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-2241213

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RONNI SHAPIRO

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

1541 BRICKELL AVE, SUITE 1504

City

MIAMI

FL

Zip Code

33129

**DO NOT WRITE
IN THIS SPACE**

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.

(NO IL: 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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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IN THIS SPACE**

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

SIGNATURE:

Ronni Shapiro

*RONNI SHAPIRO
PRES*

Date

4/15/02

Daytime Phone #

CR2E034B (12/01)