## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Jan 31, 2000 8:00 am Secretary of State **DOCUMENT # G48779** 01-31-2000 90009 002 \*\*\*150.00 BORNSTEIN DESIGN GROUP, INC. Principal Place of Business Mailing Address 2381 N.E. 193RD ST. 2381 N.E. 193RD ST. ・ママチョリョル MIAMI FL 33180 MIAMI FL 33180-2154 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2310008 Not Applicable Zip Country \$8.75 Additional Country. 5. Certificate of Status Desired ee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOFFMAN, L. JOSEPH Street Address (P.O. Box Number is Not Acceptable) 708 S DIXIE HWY CORAL GABLES FL Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State X (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change Addition ☐ Delete TITLE TITLE BORNSTEIN, STEPHEN NAME NAME STREET ADDRESS **2381 NE 193RD STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Change ☐ Delete TITLE BORNSTEIN, STEPHEN NAME STREET ADDRESS **2381 NE 193RD STREET** STREET ADDRESS CITY-ST-ZIP MIAMI.FL: CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF \_\_·... ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13. Thereby 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 discontinuous 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: