

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H01679

1. Entity Name

SURFACE DESIGN & TECHNOLOGY, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90228 007 ***150.00

976844



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3425 NW 167 ST
 MIAMI FL 33056-4118

Mailing Address

3425 NW 167 ST
 MIAMI FL 33056-4118

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

59-2422632

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

GOCKSCH, RAINER

~~903 ST ANDREWS RD~~
~~HOLLYWOOD FL 33021~~

Name

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

1211 Madrina Street

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

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 ☐ Delete
 NAME P
 STREET ADDRESS GOCKSCH, RAINER
 CITY-ST-ZIP 3425 NW 167 ST
 MIAMI FL 33056-4118

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

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS HINKSON, PAUL E
 CITY-ST-ZIP 3425 NW 167 ST
 MIAMI FL 33056-4118

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rainer Gocksch 30-01 305-621-6222
 President

Date

Daytime Phone #

CR2E034 (10/00)