

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90079 029 ***150.00

DOCUMENT # J04146

1. Entity Name
MICHAEL ANTHONY'S DESIGNS, INC., A FLORIDA CORPO

Principal Place of Business 10070 6TH ST SUNRISE FL 33351	Mailing Address 4253 NW 88 AVE SUNRISE FL 33351-6019
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4253 NW 88 AVE	3. Mailing Address 4381 NW 116 TERR
Suite, Apt. #, etc. 8	Suite, Apt. #, etc.

City & State Sunrise, Florida	City & State Sunrise, Florida	4. FEI Number 59-2691487	Applied For <input type="checkbox"/> Not Applicable
Zip 33351	Country Broward	Zip 33351	Country Broward

6. Name and Address of Current Registered Agent
SCUOTTO, MICHAEL A
4253 NW 88 AVENUE
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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 *M. Scutto* DATE 2-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE PD	<input type="checkbox"/> Delete
NAME SCUOTTO, MICHAEL A	
STREET ADDRESS 4253 NW 88 AVE	
CITY-ST-ZIP SUNRISE FL 33351	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME SCUOTTO, JOSEPH A	
STREET ADDRESS 4253 NW 88 AVE	
CITY-ST-ZIP SUNRISE FL 33351	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *M. Scutto* 2-10-00 954-749-0570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)