

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90015 049 \*\*\*150.00

**DOCUMENT # J70356**

1. Entity Name  
**DESIGNS BY DEZZY, INC.**

Principal Place of Business

200 LESLIE DRIVE  
 720  
 HALLANDALE BEACH FL 33009  
 US

Mailing Address

200 LESLIE DR  
 #720  
 HALLANDALE FL 33009-7316  
 US

2. Principal Place of Business

**3227 Old Oak Ln**

Suite, Apt. #, etc.

3. Mailing Address

**3227 Old Oak Ln**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Hollywood FL**

City & State

**Hollywood FL**

4. FEI Number

**65-0030899**

Applied For

Not Applicable

Zip

Country

**33021 U.S.A.**

Zip

Country

**33021 U.S.A.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DEZELAN, SANDRA L.  
 200 LESLIE DR.  
 #720  
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **Dezellan Sandra L.**  
 Street Address (P.O. Box Number is Not Acceptable) **3227 Old Oak Lane**  
 City **Hollywood FL** Zip Code **33021**

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 *Sandra L. Dezellan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/24/00**

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DEZELAN, SANDRA L.	200 LESLIE DR. #720	HALLANDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P=President	Dezellan Sandra L.	3227 Old Oak Lane	Hollywood, FL 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Sandra L. Dezellan* **SANDRA L. DEZELAN** **4/24/00** **305-389-7074**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)