

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J78634

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** BONNIE BROWN DESIGNS, INC.

**Current Principal Place of Business:**

1550 ALTON ROAD  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1550 ALTON ROAD  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 65-0031807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, BONNIE  
1550 ALTON RD  
MIAMI, FL 33139 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROWN, BONNIE,  
Address: 575 W. 49TH ST.  
City-St-Zip: MIAMI BEACH, FL

Title: VP ( ) Delete  
Name: LOGAN, BILL  
Address: 575 W 49 ST  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE BROWN

PRES

04/29/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date