

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90136 036 \*\*\*150.00

**DOCUMENT # J81449**

1. Entity Name  
**DESIGN GROUP OF MIAMI, INC.**



Principal Place of Business  
**6061 COLLINS AVENUE  
APT 19-C  
MIAMI FL 33140**

Mailing Address  
**P.O. BOX 268383  
WESTON FL 33326**



2. Principal Place of Business

**1645 Lake Shore Circle**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Weston, FL**

City & State

Zip

**33326**

Country

Zip

Country

4. FEI Number **65-0011057**

Applied For

Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BIRD, RAYMOND C.  
6061 COLLINS AVE.  
APT. 19-C  
MIAMI FL 33140**

7. Name and Address of New Registered Agent

Name

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

City

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BIRD, RAYMOND C.</b>	
STREET ADDRESS	<b>6061 COLLINS AVE #19C</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33013</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>FIorentino, HELEN</b>	
STREET ADDRESS	<b>6061 COLLINS AVE #19C</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33013</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1645 Lake Shore Circle</b>	
CITY-ST-ZIP	<b>Weston, FL 33326</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1645 Lake Shore Circle</b>	
CITY-ST-ZIP	<b>Weston, FL 33326</b>	
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		

12. 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 10 or Block 11 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

**3/3/03 954-389-2425**

Date

Daytime Phone #

CR2E034 (10/02)