

DOCUMENT # K12136

PM DESIGN GROUP, INC.

1624 S.E. 13TH STREET
FORT LAUDERDALE FL 33316

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FORT LAUDERDALE FL 33316

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

7. Name and Address of New Registered Agent

MOONEY, PRISCILLA L.
1624 S.E. 13TH STREET
FORT LAUDERDALE FL 33316

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

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, 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, 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

Delete

☐ Delete☐ Delete☐ Delete☐ Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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

PRISCILLA MOONEY

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90189 044 ***150.00

UUU41256



DO NOT WRITE IN THIS SPACE

4. FBI Number **65-0034143**

Applied For	
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Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E034 (10/00)