## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # K35713** INTERNATIONAL DESIGN & DISPLAY GROUP, INC. 01-18-2000 90130 037 \*\*\*150.00 Mailing Address Principal Place of Business **7855 NW 148TH STREET** 7855 NW 148TH STREET MIAMI LAKES FL 33016 MIAMI LAKES FL 33016-1554 801014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0086565 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WURTENBERG, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 16969 NW 67TH AVE. SUITE 201 MIAMI LAKES FL 33015 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE **PSD** NAME QUINTON, IAN STREET ADDRESS STREET ADDRESS **7855 NW 148TH STREET** CITY-ST-7IP CITY-ST-ZIP MIAMI LAKES FL ■ Addition ☐ Delete ☐ Change TITLE QUINTON, DEBRA DIANE NAME STREET ADDRESS STREET ADDRESS 7855 NW 148TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL ☐ Delete TITLE ~ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #