FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 30, 2001 8:00 am **DOCUMENT # K35713 Secretary of State** INTERNATIONAL DESIGN & DISPLAY GROUP, INC. 01-30-2001 90106 023 ***150.00 Principal Place of Business Mailing Address 7855 NW 148TH STREET 7855 NW 148TH STREET MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 C0011878 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0086565 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WURTENBERG, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 16969 NW 67TH AVE. SUITE 201 MIAMI LAKES FL 33015 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. 12. PSD ☐ Delete ☐ Change ☐ Addition TITLE TITLE QUINTON, IAN STREET ADDRESS **7855 NW 148TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME QUINTON, DEBRA DIANE NAME STREET ADDRESS **7855 NW 148TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL ☐ Delete ☐ Addition-TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TiTi F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.