

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90141 045 ***150.00

DOCUMENT # K58752

1. Entity Name
DESIGNER REFERRAL SERVICE OF FLORIDA, INC.

Principal Place of Business 1515 N FEDERAL HWY #300 BOCA RATON FL 33432-1994	Mailing Address 1515 N FEDERAL HWY #300 BOCA RATON FL 33432-1994
--	--

971155



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 65-0108868	Applied For Not Applicable
-----	---------	-----	---------	---------------------------------	-------------------------------

6. Name and Address of Current Registered Agent

ROSEN, SHARON
1027 PEPPERIDGE TERRACE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name **ROSEN, SHARON**
 Street Address (P.O. Box Number is Not Acceptable) **817 NW 2nd AVE**
 City **DELRAY BEACH FL** Zip Code **33444**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P ROSEN, SHARON 1027 PEPPERIDGE TERRACE BOCA RATON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROSEN, SHARON 817 NW 2nd AVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Sharon Rosen** Date: **7/22/02** Daytime Phone #: **(561) 289-1028**

CR2E034 (4/02)

Attachment 971155
Document #
K58752

Designer Referral Service

of Florida, Inc.

To whom it may concern,

I did not receive prior notice. I am offsite in an executive (shared) suite & occasionally mail is not placed in the correct mailbox. Enclosed is \$150 filing fee. Please waive any late fees.

Thank you -

Sharon Foster
President

Also - fee is incorrect - rate change.

1515 N. Federal Highway, Suite 300 • Boca Raton, Florida 33432

(561) 391-1165 Fax: (561) 391-5565

266-9669 266-9166