

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90387 025 ***150.00

DOCUMENT # K77094

1. Entity Name

LYDIA DESIGNS LTD., INC.

Principal Place of Business

4367 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

Mailing Address

6278 N. FEDERAL HWY. #407
FORT LAUDERDALE, FL 33308

2. Principal Place of Business

4367 N. FEDERAL HWY.

Suite, Apt. #, etc.

3. Mailing Address

6278 N. FEDERAL HWY. #407

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

USA

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

USA

4. FEI Number

65-0147906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00043435

6. Name and Address of Current Registered Agent

SILVESTRY, LYDIA M.
6278 N. FEDERAL HWY. #407
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

SILVESTRY, LYDIA M.

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

6278 N. FEDERAL HWY. #407

City

FORT LAUDERDALE

FL

Zip Code

33308

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

Lydia M. Silvestry

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

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 \$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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	LYDIA M. SILVESTRY	
STREET ADDRESS	6278 N. FEDERAL HWY. #407	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JORGE COLON	
STREET ADDRESS	4367 N. FEDERAL HWY.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Lydia M. Silvestry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LYDIA M. SILVESTRY

4/16/01

Date

954 782 3156

Daytime Phone #

CR2E034 (11/00)