2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

% JAMES WEXLER

6735 HOLLANDAIR DR WEST

BOCA RATON FL 33433

DOCUMENT #

Principal Place of Business % JAMES WEXLER

6735 HOLLANDAIR DR WEST

2. Principal Place of Business

BOCA RATON FL 33433

K86567

1. Entity Name

DESSERT DESIGN, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90189 036 ***150.00

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Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State				4	65-0122237				-+-	plied For
Zìp	Zip Country			Zip Co		Country		i. C	ertificate of Status Desired [Add	t Applicable litional
			<u></u>								ee Re	quire	3
-	6. Name	and Address of Current	Register	ed Agent			7.	'. Na	ame and Address of New Regis	tered Ac	ent		
						Name			•				
WEXLER, JAMES 6735 HOLLANDAIR DRIVE WEST						Street Address (P.O. Box Number is Not Acceptable)							
BOCA RATON FL 33433													
						City				FL	Zip	Code	•
8. The shove	named entit	v submits this statement fo	the num	nose of changing its	registere	d office or	renistered :	200	nt, or both, in the State of Florida	I am fa	<u>l</u> miliar	with	and accent
	ions of regist		the pork	ooc or changing its	registere	,a 011100 01	registered t	ugo	nt, or both, in the state of horida	. ramiu	Timbal	*******	ano accept
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SIGNATURE .													
	Signature, typed	or printed name of registered agent a	ind title if app	oficable. (NOTE	: Registered	d Agent signati	ire required wher	n rein	stating)	DATE			
F	HE NOW!	!! FEE IS \$150.00						T					
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Financi	ing 🔲		\$5.00 May Be	
									Trust Fund Contribution.	Added to Fees			
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10.	D	OFFICERS AND	DIRECTO		11.		· · · · · · ·	AUL	DITIONS/CHANGES TO OFFICER				
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r riereoy 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILL RECDESSION. WEY