

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019189

1. Entity Name

EIGHT & NINE DESIGNS, LLC

Principal Place of Business

14020 BISCAYNE BLVD  
905  
NORTH MIAMI FL 33181

Mailing Address

14020 BISCAYNE BLVD  
905  
NORTH MIAMI FL 33181

2. Principal Place of Business

#614  
N. Miami Beach FL

3. Mailing Address

19380 Collins Ave  
#614

Suite, Apt. #, etc.

N. Miami Beach FL

Suite, Apt. #, etc.

#614

City & State

1

City & State

N. Miami Beach FL

Zip

33160

Country

USA

Zip

33160

Country

4. FEI Number

36-7485971

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILBAULT, RAYMOND J  
14020 BISCAYNE BLVD  
905  
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name  
Raymond Guilbault  
Street Address (P.O. Box Number is Not Acceptable)  
19380 Collins Ave  
614  
N. Miami Beach FL 33160

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)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ray Guilbault 19380 Collins Ave #614 N. Miami Beach FL 33160	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/11/02

305-932-7279



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)