

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50419

1. Entity Name

DESIGNS BY WALDORF, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90107 026 \*\*\*150.00

Principal Place of Business

4401 NE 18 AVE  
FORT LAUDERDALE FL 33334  
US

Mailing Address

4401 NE 18 AVE  
FORT LAUDERDALE FL 33062-7009  
US

2. Principal Place of Business

2442 S.E. 10<sup>th</sup> STREET  
Suite, Apt. #, etc.

3. Mailing Address

~~2442~~ P.O. Box 1510  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch., FLORIDA

City & State

Pompano Bch., FLORIDA

4. FEI Number

65-0179331

Applied For

Not Applicable

Zip

33062

Country

BROWARD

Zip

33061

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALDORF, EDWARD W.  
4401 NE 18 AVE  
FORT LAUDERDALE, FL 33334  
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name WALDORF, EDWARD W.

Street Address (P.O. Box Number is Not Acceptable)  
2442 S.E. 10<sup>th</sup> STREET

Pompano BEACH

City Pompano BEACH

FL

Zip Code 33062

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 EDWARD W. WALDORF

(NOTE: Registered Agent's signature required when registering)

4-14-00

DATE

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, 2000 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 PTD ☐ Delete  
NAME WALDORF, EDWARD W.  
STREET ADDRESS 4401 NE 18TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE VSD ☐ Delete  
NAME WALDORF, BETH B.  
STREET ADDRESS 4401 NE 18TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2442 S.E. 10<sup>th</sup> ST.  
CITY-ST-ZIP Pompano Bch., FL 33062

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2442 S.E. 10<sup>th</sup> ST.  
CITY-ST-ZIP Pompano Bch., FL 33062

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)