2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
04-18-2001 90103 037 ***150.00

A0051515

DOCUMENT # L84791

1. Entity Name

MORALES DESIGN STUDIO INC.

Principal Place of Business	Mailing Address
1964 Howell Branch Rd Ste 109 Winter Park Fl 32792	1964 Howell Branch Rd Ste 109 Winter Park Fl 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1555 Sugarwood Circle	5703 Red Bug Lake Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. #244
City & State: Winter Park Fl	City & State: Winter Park Fl
Zip: 32792 Country:	Zip: 32708 Country:

4. FEI Number 59-3020874 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORALES, TAMI N 136 Valmora Dr Casselberry Fl 32707	Name: Morales, Tami N Street Address (P.O. Box Number is Not Acceptable): 1555 Sugarwood Circle City: Winter Park FL Zip Code: 32792

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 Tami Morales DATE 2-16-01
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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	Morales, Tami N	NAME	
STREET ADDRESS	136 Valmora DR	STREET ADDRESS	1555 Sugarwood Circle
CITY-ST-ZIP	Casselberry Fl 32707	CITY-ST-ZIP	Winter Park Fl 32792
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Tami Morales 2-16-01 407-673-3221
Tami N Morales Date Daytime Phone #