

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91220 022 \*\*\*150.00

**361629**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M35077**  
**1. Entity Name**  
**PARIS DESIGNS, INC.**

**Principal Place of Business**      **Mailing Address**  
**8371 NW 64TH STREET**      **8371 NW 64TH STREET**  
**MIAMI FL 33166**      **MIAMI FL 33166**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

**4. FEI Number**      **59-2692647**      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**COHEN, PAUL**  
**8777 COLLINS AVENUE**  
**APT. #9**  
**SURFSIDE FL 33154**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**      ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>COHEN, PAUL</b>	
<b>STREET ADDRESS</b>	<b>8777 COLLINS AVE., APT #9</b>	
<b>CITY-ST-ZIP</b>	<b>SURFSIDE FL 33154</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Frederic Cohen</b>	
<b>STREET ADDRESS</b>	<b>8777 Collins Ave., Apt #209</b>	
<b>CITY-ST-ZIP</b>	<b>Surfside, FL 33154</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Frederic Cohen      **04/26/02**      **305-593-8499**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)