

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90229 041 ***150.00

DOCUMENT # M48183

1. Entity Name
DESIGN DISTRIBUTORS, INC.



Principal Place of Business
**OAKWOOD BUSINESS CENTER
200 OAKWOOD LANE
HOLLYWOOD FL 33020**

Mailing Address
~~60 HIXSON, MARIN, POWELL~~
~~16100 N.E. 16TH AVE~~
N. MIAMI BEACH FL 33162



2. Principal Place of Business

3. Mailing Address

60 HIXSON 16100 NE 16th Ave

Suite, Apt. #, etc.

Suite, Apt. # etc.

Ste B

City & State

City & State

Do Miami: BA FL

Zip

Country

33162

Country

4. FEI Number

65-0076257

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

**LEOPOLD, NORMAN
THE IVES BLDG
20801 BISCAYNE BLVD, STE 501
NORTH MIAMI BEACH FL 33180**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **Pt**
STREET ADDRESS **BROOKS, LORI**
CITY-ST-ZIP **855 N. NORTHLAKE DR
HOLLYWOOD FL 33019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-03

Date

954-921-7184

Daytime Phone #

CR2E034 (10/02)