

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90105 037 \*\*\*150.00

**DOCUMENT # M86524**

1. Entity Name  
**DESIGNER DISCOUNT FABRICS, INC.**

Principal Place of Business <b>1206 STIRLING ROAD DANIA FL 33004</b>	Mailing Address <b>1206 STIRLING ROAD DANIA FL 33004</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0055571</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**WEISER, ROBERT D  
 5403 BAYBERRY LANE  
 TAMARAC FL 33319**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$530.00  
 State 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 '01

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	WEISER, ROBERT D	5403 BAYBERRY LANE	TAMARAC FL 33319	<input type="checkbox"/>	<input type="checkbox"/>
VD	WEISER, RITA E	5403 BAYBERRY LANE	TAMARAC FL 33319	<input type="checkbox"/>	<input type="checkbox"/>
STD	WEISER, ROBERT	5403 BAYBERRY LANE	TAMARAC FL 33319	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another ICA empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-20-01 DAYTIME PHONE:

CR2E034 (10/00)