2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000002617

Entity Name: DIVINE BY DESIGN, INC

FILED Sep 03, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19525 SW 129TH AVENUE MIAMI, FL 33177

Current Mailing Address: New Mailing Address:

19525 SW 129TH AVENUE MIAMI, FL 33177

FEI Number: 54-2072275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOUARD, LESROY

19525 SW 129TH AVE.

MIAMI, FL 33177

LOUARD, BRENDA

19525 SW 129TH AVE.

MIAMI, FL 33177

MIAMI, FL 33177

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: BRENDA LOUARD 09/03/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: LOUARD, LESROY Name: LOUARD, BRENDA

Address: 19525 SW 129TH AVE City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33177

Title: DV () Delete Title: DV (X) Change () Addition Name: LOUARD, BRENDA Name: LOUARD, D'WAYNE

Address: 19525 SW 129TH AVE City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33177

Title: DS () Delete Title: DS (X) Change () Addition Name: GERARD, LAUREENE Name: NELSON, BARBARA

Address: 19525 SW 129TH AVE City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33177

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

 Name:
 JAMES, GLENFORD
 Name:
 ARCHIBALD, HANNAH

 Address:
 19525 SW 129 AVE
 Address:
 15022 SW 141CT

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA LOUARD DIRE 09/03/2003