

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90061 012 ****61.25

DOCUMENT # N94000001176

1. Entity Name

MIAMI DESIGN ALLIANCE, INC.

Principal Place of Business

1079 NE 90 ST
MIAMI FL 33138
US

Mailing Address

1079 NE 90 ST
MIAMI FL 33138
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0300632

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

CAPLAN, FRANKLIN H
200 SOUTH BISCAYNE BLVD.
STE. 2950
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd.
Suite 1000

City

FL

Zip Code

33131

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

1/23/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	☐ Delete
NAME	STEFFENS, F. M	
STREET ADDRESS	100 N. BISCAYNE BLVD., #1400	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	COLEMAN, GINA	
STREET ADDRESS	101 CRANDON BLVD. #266	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	☐ Delete
NAME	GOLDMAN, MARJORIE	
STREET ADDRESS	81 SANTIAGO STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ Delete
NAME	HARRINGTON, MARK	
STREET ADDRESS	1079 N.E. 90TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	CD	☐ Delete
NAME	DELGADO, ANNABEL	
STREET ADDRESS	1079 N.E. 90TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ Delete
NAME	CAPLAN, FRANK	
STREET ADDRESS	101 CRANDON BLVD. #266	
CITY-ST-ZIP	MIAMI FL 33128	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)