

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006358

1. Entity Name

THE DESIGN MUSEUM INC

Principal Place of Business

Mailing Address

7400 N. KENDALL DRIVE #612  
MIAMI FL 33156

2. Principal Place of Business

7400 N. KENDALL DRIVE

3. Mailing Address

7400 N. KENDALL DRIVE

Suite, Apt. #, etc.

#612

Suite, Apt. #, etc.

#612

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

Country

Zip

Country

33156

US + A

33156

US + A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUNDY CLARKE  
7400 N. KENDALL DRIVE #612  
MIAMI FLORIDA 33156

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

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 PRESIDENT ☐ Delete  
NAME LUNDY CLARKE  
STREET ADDRESS 7400 N. KENDALL DRIVE #612  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition  
NAME 200003483642  
STREET ADDRESS -12/01/00--01084--020  
CITY-ST-ZIP \*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE MARY CATHERINE CHESSE ☐ Delete  
NAME  
STREET ADDRESS 5401 SW 78 STREET  
CITY-ST-ZIP MIAMI FL 33143

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

TITLE JANICE RAUZIN ☐ Delete  
NAME  
STREET ADDRESS 175 SOUTHWEST 25 2000  
CITY-ST-ZIP MIAMI FL 33129

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 9 2000

Date

805

670 0290

Daytime Phone #

CR2E037 (9/99)

FILED

00 OCT 26 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

*[Handwritten mark]*