

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000011258**

1. Entity Name  
**KWAKU DESIGNS INTERNATIONAL, INCORPORATED**

Principal Place of Business Mailing Address  
**1241 NW 99TH STREET MIAMI FL 33147**

2. Principal Place of Business 3. Mailing Address  
**1241 NW 99th Street (Same)**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**101-A**  
City & State City & State  
**Miami, Florida**  
Zip Country Zip Country  
**33147 Miami-Dade**

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WOODARD, HARLAN**  
**1241 NW 99TH STREET**  
**MIAMI FL 33147**

7. Name and Address of New Registered Agent  
Name **Nathaniel B. Styles Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**400 N.W. 38th Place**  
City **Pompano Beach** FL Zip Code **33064**

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 **Nathaniel B. Styles Jr.** DATE **11/19/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**  
10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Principal Nathaniel Styles, Jr.</b>
STREET ADDRESS	<b>400 NW 38th Place</b>
CITY-ST-ZIP	<b>Pompano Bch, Florida 33064</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Principal Harlan E. Woodard</b>
STREET ADDRESS	<b>1241 NW 99th Street</b>
CITY-ST-ZIP	<b>Miami, Florida 33147</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>700004717067-3</b>
STREET ADDRESS	<b>-12/10/01--01096--005</b>
CITY-ST-ZIP	<b>****750.00 ****750.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Harlan E. Woodard** DATE **11/19/01**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

APPROVED AND FILED

01 NOV 20 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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