## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000013392

1. Entity Name

SCRUCES DESIGN GROUP, INC.



## FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90392 030 \*\*\*150.00

Mailing Address   Sales   Sales   Mailing Address   Sales					SO NE TR					
2. Principes Place of Business  Suize, Apt. #, etc.   Suize, Apt. #, etc.   Chick HeRe   F MAKING CHANGES  City & State   City & Suize   4. FEI Number & \$6.0980060   Applied For Head Applied Applied For Head Ap	•		•			The second s				
Suite, Apr. 4, inc.   Suite, Apr. 4, inc.   Suite, Apr. 4, inc.   City & State   Country   Zip   Country   Zip   Country   S. Certificate of State Desirand   S. 75, Additional Fee Fee, Fee, page 10   Fee, p	MIAMI FL 33010	0	MIAMI FL 33010							
City & State    Country   Zip   Country   S. Certificate of Status Desired   S. S. Additional Fee Required	2. Principal Pl	ace of Business	3. Mailing Addre	ess			I BANIN DANEN HADA	<b>.</b> 111 <b>20</b> 21110 10		
Second   S	Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.	CHECK HERE IF MAKING CHANGES					
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name	City & State	•	City & State			4. FEI Number 65-0980060				
SPECEL & UTRERA, P.A.  343 ALMERIA AVENUE  CORAL GABLES FL 33134   City FL Zip Code  8. The above remained entity submits; this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida. I am translar with, and accept the obligations of registered agent, or both, in the State of Florida Delate or Florida D	Zip Country		Zip	Zip Country			L Fe	Fee Required		
Name  SPIECEL & UTRERA, P.A. 343 ALMERIA AVENUE  CORAL GABLES FI. 33134   6. The above ramed entity submits; this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am terralize with, and accept the obligations of registered agent, when or emissions or degreemed agent are the depressions.  SIGNATURE  Signature, vivand or amid-amout or organized agent.  SIGNATURE  Signature, vivand or amid-amout organized agent are the depression.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$555.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIFFECTORS  TILE  NAME  SIRET ADDRESS  CITY-ST-2P  MIAMI FL 33010  TILE  NAME  SIRET ADDRESS  CITY-ST-2P  TILE  TILE  T		6. Name and Address of C	urrent Registered Agent			7. Name and Address of New R	egistered Ag	ent		
ASA ALMERIA AVENUE CORAL GABLES FL 33134  City FL Zip Code  City F		15.1			Name					
CITY FL ZIP Code  8. The above named entity submits, this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of registered agent, or both, in the State of Florida.  In the State of Florida agent		Country  6. Name and Address of Curra UTRERA, P.A. RIA AVENUE ABLES FL 33134  named entity submits this statement of registered agent.  Signature, typed or printed name of registered  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550  Payable to Florida Departme  OFFICERS  PSTD  CRUCES, STEVEN 2525 WEST 8TH LANE MIAMI FL 33010				Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamil ar with, and accept the cologistors of registered agent.  SIGNATURE    Signature, hood or protein name of registered agent.										
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indicated on this report or supplemental port 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 of truetee empowered to execute his report as required by Chapter 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/63/2003 Date

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