2002 103

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 23 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019659

1. Entity Name

FRANZISKA HINZE DESIGN, INC

DO NOT WRITE IN THIS SPACE

000020431230
06/04/03--01003--035 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
30-E VENETIAN CSWY		3050 BISCAYNE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 907	
City & State MIAMI BEACH		City & State MIAMI	
Zip 33139	Country USA	Zip 33137	Country USA

4. FEI Number 65-0984685 — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HINZE, FRANZISKA

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

3050 BISCAYNE BLVD SUITE 907

City MIAMI FL Zip Code 33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 04/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	TITLE	
NAME	HINZE, FRANZISCA	NAME	
STREET ADDRESS	3050 BISCAYNE BLVD SUITE 907	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33137	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04-28-03 786 2909532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/29

2003 **FOR PROFIT CORPORATION**
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SIGNATURE: [signature] 04-28-03 786 2909532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

gr 5/25

ATTACHMENT

P00000019659

FRANCISKA HINZE DESIGN, INC.

3050 Biscayne Blvd Suite 907
Miami FL 33137
Phone(786)290-9532

#

April 28, 2003

Florida Department of State

Dear Representative:

This is to request that our payment will be accepted since we never received a previous notice. Today our corporation status was checked by our current accountant, and we were informed that its status was inactive. Please we would appreciated if our reason was accepted as well as our payments enclosed.

Thanks in advance for your cooperation. If you have any questions please do not hesitate to call me at (786)290-9532

Franzisca Hinze, President