FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90044 028 ***150.00

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022929

1. Entity Name

DESIGN & CONCEPT BY CAD, INC.

DO NOT WRITE IN THIS SPACE

90100572

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
519 SW 8th Street	519 SW 8th Street
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33315 Country:	Zip: 33315 Country:

4. FEI Number: 65-0984294

Apostille Req.
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: Doucet, Bruno

Street Address (P.O. Box Number is Not Acceptable): 519 SW 8th Street

City: Fort Lauderdale FL Zip Code: 33315

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 _____ DATE

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

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 PSTD NAME STREET ADDRESS CITY-ST-ZIP	Doucet, Bruno 519 SW 8th Street Fort Lauderdale, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Bruno Doucet 04/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date