

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90025 048 ***158.75

DOCUMENT # P00000034848

1. Entity Name
DESIGN REVOLUTION INC.

Principal Place of Business
**4600 SW 67TH AVE., APT. 223
MIAMI FL 33155**

Mailing Address
**4600 SW 67TH AVE., APT. 223
MIAMI FL 33155**



2. Principal Place of Business
12814 SW 54th
Suite, Apt. #, etc.

3. Mailing Address
12814 SW 54th
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0997816**

Applied For
Not Applicable

Zip **33027** Country **USA**

Zip **33027** Country **USA**

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

6. Name and Address of Current Registered Agent

VANDENSTOCKT, AMY LYNN
4600 SW 67TH AVE., APT. 223
MIAMI FL 33155

7. Name and Address of New Registered Agent

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 *Amy L Vandenberg*

DATE **4/15/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☒ PD
NAME **VANDENSTOCKT, CHARLES M II**
STREET ADDRESS **4600 SW 67TH AVE., APT. 223**
CITY-ST-ZIP **MIAMI FL 33155** ☐ Delete

TITLE ☐ VD
NAME **VANDENSTOCKT, AMY LYNN**
STREET ADDRESS **4600 SW 67TH AVE., APT. 223**
CITY-ST-ZIP **MIAMI FL 33155** ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐
NAME ☐ Change ☐ Addition
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: *Amy L Vandenberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/15/02** DAYTIME PHONE # **305-802-2427**

CR2E034 (9/01)