## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000035800 **Secretary of State** 05-16-2001 90403 012 \*\*\*150.00 BATH DESIGN & LIGHTING, A DISCOUNT HOUSE CORPORA Mailing Address Principal Place of Business 7050 N.W. 77TH COURT 7050 N.W. 77TH COURT MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State ·1003715 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DE FREITAS, FILIPE Street Address (P.O. Box Number is Not Acceptable) 7050 N.W. 77TH COURT MIAMI FL 33166 Zip Code City 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campalgn Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition 3R2E034 (10/00) Change TITLE ☐ Delete TITLE DE FREITAS, FILIPE NAME NAME STREET ADDRESS STREET ADDRESS 7050 N.W. 77TH COURT CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITI F DE FREITAS, GONCALO NAME NAME STREET ADDRESS 7050 N.W. 77TH COURT STREET ADDRESS CITY-ST-ZIP---MIAMI-FL 33166 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE TITLE Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - Z/P CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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Jun 21, 2001 8:00 am

13. I hereby certify that the information supplied with this filling 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 addit SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR

CITY-ST-ZIP