

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90122 009 \*\*\*150.00

DOCUMENT # P00000042659

1. Entity Name

Styles and Design Corp. ✓

Principal Place of Business

4620 SW 115 Ave  
 Miami FL 33165

Mailing Address

16300 N.E. 19TH AVE., #100  
 NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

880 NE 69 St

3. Mailing Address

16300 NE 19 Ave #100

Suite, Apt. #, etc.

1A

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

North Miami Bch. FL

4. FEI Number

65-1010137

Applied For

Not Applicable

Zip

33138

Country

Zip

33162

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVA, FERNANDO  
 16300 N.E. 19TH AVE., #100  
 NORTH MIAM BEACH FL 33162

7. Name and Address of New Registered Agent

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

16300 NE 19 Ave # 100

City N. M. Beach

FL

Zip Code 33162

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

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

(NOTE: Registered Agent signature required when reinstating)

03/12/01

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, 2001 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	P	Diego Galvez	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4620 SW 115 AVE.	
CITY-ST-ZIP		Miami FL 33165	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Diego Galvez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		880 NE 69 St # 1A	
CITY-ST-ZIP		Miami FL 33165	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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)(j), 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: Diego Galvez  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/01  
 DATE

CR2E034 (10/00)