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## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like

SIGNATURE:

## Aug 06, 2001 8:00 am Secretary of State P00000044546 DOCUMENT # 1. Entity Name SUSAN Z. BILLANTE DESIGNS, INC. 08-06-2001 90001 004 \*\*\*550.00 Mailing Address Principal Place of Business 9601 COLLINS AVENUE #1708 9601 COLLINS AVENUE #1708 BAL HARBOR FL 33154 BAL HARBOR FL 33154 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BILLANTE, SUSAN Z Street Address (P.O. Box Number is Not Acceptable) 9601 COLLINS AVENUE #1708 BAL HARBOR FL 33154 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE Change ☐ Addition CR2E034 (5/01 ☐ Delete NAME BILLANTE, SUSAN Z NAME STREET ADDRESS 9601 COLLINS AVENUE #1708 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAL HARBOR FL 33154 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY=ST-ZIP-T GITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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), Fldrida 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

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