2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 19, 2001 8:00 am
Secretary of State
02-06-2001 90313 032 ***150.00

DOCUMENT # P00000052375

1. Entity Name
DESIGN BY CARLOS, INC.

Principal Place of Business	Mailing Address
210 NW 5TH AVENUE HALLANDALE FL 33009	210 NW 5TH AVENUE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		9050 NW 21 st.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Pembroke Pines FL.	
Zip	Country	Zip: 33024	Country: Broward

4. FEI Number 65-1038841 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VASQUEZ, CARLOS 210 NW 5TH AVENUE HALLANDALE FL 33009	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 ____ (signature) ____ 01-31-01
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, CARLOS 9050 NW 21ST STREET PEMBROKE PINES FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, LUZ ADRIANA 9050 NW 21ST STREET PEMBROKE PINES FL 33024	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: ____ (signature) ____ 1-30-01 (954) 455-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
D#P00000.552375
607937
4-9-01

To Whom it may concern:

This company has been operating as a sole proprietor, because the person who filled the application for employer ideclentification number, made a mistake of checking the wrong box and instead of checking other corporation, she checked solo proprietor box and the number as a sole proprietor is 65-1038841. I all reade made the correction and applied for a number as a Corporation, as soon as I get it I WAll provide you with this information

Thank you,

Carlos Vazquez
9050 NW 21 St.
Pembroke Pines FL 33024
(954)-447-6671