

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054597

1. Entity Name

LYFESTYLES DESIGNS ENTERPRISES CORP.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90460 005 ***150.00

Principal Place of Business

7272 NORTHWEST 33RD STREET
MIAMI FL 33122

Mailing Address

7272 NORTHWEST 33RD STREET
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

7440 SW 50 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 110

City & State

City & State

MIAMI, FL.

Zip

Country

Zip

Country

33155

4. FEI Number

05-1014193

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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	PTD TOVAR, EDGAR A 7272 NORTHWEST 33RD STREET MIAMI FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7440 SW 50 TERRACE, SUITE 110 MIAMI, FL. 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SILVERIO, PELAYO R 7272 NORTHWEST 33RD STREET MIAMI FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7440 SW 50 TERRACE, SUITE 110. MIAMI, FL. 33155.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE:

[Signature]

EDGAR A. TOVAR.

3/12/01 (30) 663-8775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0189037

CR2E034 (10/00)