

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91786 045 ***150.00

DOCUMENT # P00000054997

1. Entity Name
VICCI DESIGN, INC.

Principal Place of Business

**777 NW 72 AVENUE
 SUITE 2AA5
 MIAMI FL 33126**

Mailing Address

**777 NW 72 AVENUE
 SUITE 2AA5
 MIAMI FL 33126**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 NW 72 AVENUE

Suite, Apt. #, etc.

Suite 2B1

City & State

Miami, FL

Zip
33126

Country

USA

3. Mailing Address

777 NW 72 AVENUE

Suite, Apt. #, etc.

Suite 2B1

City & State

Miami, FL

Zip
33126

Country

USA

4. FEI Number

65-1014153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ELHADDAD, HOUSAIDA
 777 NW 72 AVENUE
 SUITE 2AA5
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name
ELHADDAD, HOUSAIDA

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

777 NW 72 Avenue

SUITE 2B1

City

MIAMI

FL

Zip Code

33126

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 ELHADDAD, HOUSAIDA
 777 NW 72 AVENUE SUITE 2AA5
 MIAMI FL 33126** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VTD
 ELHADDAD, NATALIO
 777 NW 72 AVENUE SUITE 2AA5
 MIAMI FL 33126** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-10-02 305 267 2100

CR2E034 (9/01)