

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063697

1. Entity Name

CACHET DESIGN GROUP, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90036 043 ***150.00

C0036658



DO NOT WRITE IN THIS SPACE

Principal Place of Business
21300 SAN SIMEON WAY,STE.M3
NORTH MIAMI BEACH FL 33179

Mailing Address
21300 SAN SIMEON WAY,STE.M3
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

301 174 ST # 612

Suite, Apt. #, etc.

SUNNY ISLES BEACH

City & State

FLORIDA

Zip

33160

Country

3. Mailing Address

301 174 ST # 612

Suite, Apt. #, etc.

SUNNY ISLES BEACH

City & State

FLORIDA

Zip

33160

Country

4. FEI Number

05-1032663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOFER, ROSA C

21300 SAN SIMEON WAY,STE.M3
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

ROSA C LOFER

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

301 174 ST #612

SUNNY ISLES BEACH, FL 33160

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROSA C. LOFER ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROSA C LOFER
301 174 ST #612 S.I.B-FL.33160 ☐ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSA C LOFER

Date

3-16-01

Daytime Phone #

3056806341

CR2E034 (10/00)

0227578