

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065180

1. Entity Name

DESIGNS BY MARLENE, INC.

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90125 045 ***150.00

Principal Place of Business

12000 N BAYSHORE DRIVE STE #104
NORTH MIAMI FL 33181

Mailing Address

12000 N BAYSHORE DRIVE STE #104
NORTH MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1023062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALLACK, MARLENE

12000 N BAYSHORE DRIVE STE #104
NORTH MIAMI FL 33181

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD ☐ Delete
NAME POLLACK, MARLENE
STREET ADDRESS 12000 N BAYSHORE DRIVE STE #104
CITY-ST-ZIP NORTH MIAMI FL 33181

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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), 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

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
#700000065180
121905 B"H

DESIGNS BY MARLENE
NORTH BAYSHORE DRIVE #104

NORTH MIAMI FLORIDA 33181

PHONE 305 893 2131

FAX 305 883 7150

E-MAIL POLLACKPEOPLE@AOL.COM

TO WHOM IT MAY CONCERN:

JULY 12, 2002

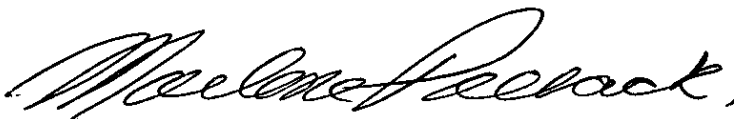
~~WE RECEIVED THE UNIFORM BUSINESS REPORT THIS~~
WEEK.

THIS IS THE 1ST NOTIFICATION WE ARE RECEIVING IN
REFERENCE TO THIS FEE.

ENCLOSED PLEASE FIND A CHECK FOR \$150.00

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER

SINCERELY



MARLENE POLLACK
PRESIDENT

ENCLOSED PLEASE FIND A CHECK FOR \$150.00