

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070722

1. Entity Name
IN-SITE DESIGN GROUP, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90008 020 ***558.75

Principal Place of Business
123 ZAMORA AVE #303
CORAL GABLES FL 33134

Mailing Address
123 ZAMORA AVE #303
CORAL GABLES FL 33134

2. Principal Place of Business

SAME -

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

SAME -

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
EIN 66-1055078

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOCAY, ANNIE
123 ZAMORA AVE #303
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]

ANNIE B. LOCAY

09-17-01

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

TITLE **D** ☐ Delete
NAME **LOCAY, ANNIE**
STREET ADDRESS **123 ZAMORA AVE #303**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P/V/S** ☐ Delete
NAME **LOCAY, ANNIE**
STREET ADDRESS **123 ZAMORA AVE 303**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **T** ☐ Delete
NAME **LOCAY, ALEX**
STREET ADDRESS **123 ZAMORA AVE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

ANNIE LOCAY

09-17-01

305 3029361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0161741

CR2E034 (10/00)