

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90083 015 ***150.00

DOCUMENT # P00000075456

1. Entity Name
MAUBRY'S DESIGN, CORP.

Principal Place of Business
8351 NW 8 STREET #4
MIAMI FL 33126

Mailing Address
8351 NW 8 STREET #4
MIAMI FL 33126

00034278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7313 NW 61 ST

3. Mailing Address
7313 NW 61 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-1039491

Applied For
 Not Applicable

Zip
33166

Country
DADE

Zip
33166

Country

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

6. Name and Address of Current Registered Agent

RIZZO, JANIFER
8351 NW 8 STREET #4
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
RIZZO, JANIFER

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

7313 NW 61 ST

City
MIAMI

FL

Zip Code
33166

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 re-registering)

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
PD
 NAME
RIZZO, JANIFER
 STREET ADDRESS
8351 NW 8 STREET #4
 CITY-ST-ZIP
MIAMI FL 33126

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
RIZZO, JANIFER
 STREET ADDRESS
7313 NW 61 ST
 CITY-ST-ZIP
MIAMI, FL 33166

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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

Date

Daytime Phone #

CR2E034 (10/00)