

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089821

1. Entity Name
EXOTIC DESIGN, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90008 038 ***158.75

Principal Place of Business Mailing Address
~~8201 NORTH WEST 66TH STREET SUITE 4~~ 8201 NORTH WEST 66TH STREET SUITE 4
~~MIAMI FL 33166~~ MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10104 NW 80 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
HiALEAH GARDENS, FL **05-104 1015** Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
33015 US

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
NOLASCO, WAGNER
8201 NORTH WEST 66TH STREET SUITE 4
MIAMI FL 33166
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NOLASCO, WAGNER 8201 NORTH WEST 66TH STREET SUITE 4 MIAMI FL 33166 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Wagner Nolasco WAGNER Nolasco 03/01/2001 (305) 684-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)