

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90436 002 ***550.00

DOCUMENT # P00000090309

1. Entity Name
TIVOLI DESIGNS, INC.

Principal Place of Business

**1674 NOCATEE DR
 COCONUT GROVE FL 33183**

Mailing Address

**1674 NOCATEE DR
 COCONUT GROVE FL 33183**

2. Principal Place of Business

1855 GRIFFIN RD

Suite, Apt. #, etc.

C-364

City & State

DANIA BEACH, FL

3. Mailing Address

1855 GRIFFIN RD

Suite, Apt. #, etc.

C-364

City & State

DANIA BEACH, FL

Zip

FL 33004

Country

USA

Zip

33004

Country

USA

6. Name and Address of Current Registered Agent

RETLEV, PATRICIA C

1674 NOCATEE DR

COCONUT GROVE FL 33183

7. Name and Address of New Registered Agent

Name

PATRICIA C. RETLEV

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

3043 LAKEWOOD DR

City

WESTON

FL

Zip Code

33332

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

Patricia C. Retlev

5/25/02

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, 2002 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** ☐ Delete
 NAME **RETLEV, OLE**
 STREET ADDRESS **1674 NOCATEE DR**
 CITY-ST-ZIP **COCONUT GROVE FL 33183**

TITLE **VD** ☐ Delete
 NAME **RETLEV, PATRICIA C**
 STREET ADDRESS **1674 NOCATEE DR**
 CITY-ST-ZIP **COCONUT GROVE FL 33183**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition
 NAME **RETLEV, OLE**
 STREET ADDRESS **3043 LAKEWOOD DR**
 CITY-ST-ZIP **WESTON, FL. 33332**

TITLE **VD** ☒ Change ☐ Addition
 NAME **RETLEV, PATRICIA C.**
 STREET ADDRESS **3043 LAKEWOOD DR**
 CITY-ST-ZIP **WESTON, FL. 33332**

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

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:

Patricia C. Retlev

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/02 954-920-1340

Date

Daytime Phone #

CR2E034 (9/01)