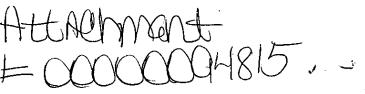
## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P00000094815 **NESSLEIN DESIGN GROUP, INC.** 05-03-2001 90969 030 \*\*\*150.00 Mailing Address Principal Place of Business 153 SEVILLA AVENUE 153 SEVILLA AVENUE CORAL GABLES FL 33134 CORAL GABLES FL 33134 546169 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name M.J.F. REGISTERED AGENT CORP. Street Address (P.O. Box Number is Not Acceptable) 153 SEVILLA AVENUE CORAL GABLES FL 33134 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Defete TITLE TITLE NESSLEIN, LAURA L NAME NAME STREET ADDRESS **153 SEVILLA AVENUE** STREET ADDRESS **CORAL GABLES FL 33134** CHY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THTLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 feceiver of 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 attack ment with an address, with all other like empowered.



Law Offices

## MICHAEL J. FREEMAN, P.A.

153 Sevilla Avenue Coral Gables, Florida 33134-6006

Reply to: P.O. Box 140668 Coral Gables, Florida 33114-0668

546189

Tel: (305) 442-1567 Fax: (305) 442-1227

April 27, 2001

Secretary of State
Division of Corporations
Annual Report Section
P.O. Box #1500
Tallahassee, Florida 32302-1500

Re: NESSLEIN DESIGN GROUP, INC. Document #P00000094815

## Gentlemen:

Enclosed please find the following documents for the above referenced corporation:

- 1. Executed 2001 Uniform Business Report;
- 2. My client's check #104 the amount of \$150.00 representing the filing fee.

Thank you for your courtesies in this matter.

Very truly yours,

MICHAEL J. FREEMAN

MJF:lc enc.