

- 3/31

FILED
May 01, 2002 8:00 am
Secretary of State

03-31-2002 90326 025 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101986

1. Entity Name

DIGITAL DESIGN FIRM, INC.

Principal Place of Business

9356 S.W. 77 AVE., #J-7
MIAMI FL 33156

Mailing Address

9356 S.W. 77 AVE., #J-7
MIAMI FL 33156

2. Principal Place of Business

16019 S. Dixie Hwy, #231

Suite, Apt. #, etc.

231

City & State

Miami, Florida

Zip

33143

Country

USA

3. Mailing Address

16019 S. Dixie Hwy, #231

Suite, Apt. #, etc.

231

City & State

Miami, Florida

Zip

33143

Country

USA

6. Name and Address of Current Registered Agent

RICCI, SUZANNE A

9356 S.W. 77 AVE., #J-7
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

165-1065608

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

16019 S. Dixie Hwy, Suite 231

City

Miami

FL

Zip Code

33143

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, 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	CEO	<input type="checkbox"/> Delete
NAME	RICCI, SUZANNE	
STREET ADDRESS	9356 S.W. 77 AVE., #J-7	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suzanne Ricci	
STREET ADDRESS	16019 S. Dixie Hwy, #231	
CITY - ST - ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Date

Daytime Phone #

35-0700162

CR2E034 (9/01)