

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90163 032 ***150.00

0228351 AV

DOCUMENT # P00000105399

1. Entity Name
ELLING DESIGNER, INC.

Principal Place of Business

**3651 NW 23RD AVENUE
 MIAMI FL 33142**

Mailing Address

**3651 NW 23RD AVENUE
 MIAMI FL 33142**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3651 NW 23 AVE.

3. Mailing Address

3651 NW 23 AVE.

City & State

MIAMI, FL

City & State

MIAMI FL

4. FEI Number

65-1054809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JIMENEZ, BEATRIZ V
 3651 NW 23RD AVENUE
 MIAMI FL 33142**

7. Name and Address of New Registered Agent

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. ☐

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 **PSD** ☐ Delete
 NAME **JIMENEZ, BEATRIZ V**
 STREET ADDRESS **3651 NW 23RD AVENUE**
 CITY-ST-ZIP **MIAMI FL 33142**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: **Beatriz V. Jimenez** President. 4-18-02 (305) 638-2063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)