FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 28, 2001 8:00 am DOCUMENT # P00000106189 **Secretary of State** BEYOND DESIGN MARKETING GROUP, INC. 03-28-2001 90221 047 \*\*\*150.00 Principal Place of Business Mailing Address 3131 NW 4TH STREET 3131 NW 4TH STREET MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address 72 AVE 2550 NW 72 2550 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 109 Applied For FL MIAMI Not Applicable Country Country **\$8.75** Additional 5.-Certificate of Status Desired -----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALGADO, SYLVANA Street Address (P.O. Box Number is Not Acceptable) 10750 NW 48TH LANE **MIAMI FL 33178** Zip Code City 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 d 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ■ Addition TITLE SALGADO, SYLVANA NAME NAME 10750 NW 48TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Change ☐ Addition TITLE TITLE ☐ Delete HERNANDEZ, FRANCISCO NAME NAME 3131 NW 4TH STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 attact ment with an address, with all other like empowered.

iana Salaado-Valiente Wesiden