## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000010673 DOCUMENT #

1. Entity Name

TESI TEX DESIGN COMPANY, INC.



## Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90443 012 \*\*\*150.00 **FILED**

WE THE

•	e of Business IER AVE. SUITE #3 ES FL 33134	Mailing Address 514 SANTANDER AVE. SUITE #3 CORAL GABLES FL 33134								
2. Principal Place of Business		3. Mailing Address				[40]  60   41  0]	181 11811 88111 <b>88</b> 111 88111	<b>0910</b> 1 21 <b>0</b> 11 00110 01111	1 <b>2400</b> 1111 1 <b>60</b> 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			. 4	4. FEI Number 65-1080284 Ap			oplied For ot Applicable	
Zip	Country	Country Zip Cour			5	5. Certificate of Status Desired S8.75 Additional Fee Required				
			7.	. Name and Addr	ess of New Registe	red Agent				
EDICMANI	VADA			Name						
FRIGNANI		Street Address (			ddress (P.O.	P.O. Box Number is Not Acceptable)				
	ANDER AVE, SUITE #3 ABLES FL 33134									
, COUNT O	ADLES FL 33134									
3	* .	•		City				FL Zip Cod	e	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	r registered a	agent, or both, in th	ne State of Florida.	l am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	d Agent signat	ure required when	n reinstating)	D	ATE		
	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00					9. Election	Campaign Financing	9 _ \$5.0	<b>0</b> May Be	
	Payable to Florida Department of	State				Trust Fun	d Contribution.	∐ Added	to Fees	
10.	OFFICERS AND C	DIRECTORS	11.			ADDITIONS/CHAN	IGES TO OFFICERS	AND DIRECTOR	\$ IN 11	
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NAME STREET ADDRESS	FRIGNANI, YARA 514 SANTANDER AVE, SUITE #3		NAMI	ET ADDRESS	Frigna	nj, jara	م الد			
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STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP	I The state of the		<u> </u>	ST-ZIP						
12. hereby c	ertify that the information supplied with t	his filing does not qualify for	the exer	nption stat	ed in Section	n 119.07(3)(i), Flor	ida Statutes. I furthe	r certify that the in	nformation	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

REQUIRED PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #