

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90066 018 ***150.00

0205106 AV

DOCUMENT # P01000064890

1. Entity Name
PERSONAL DESIGN GROUP CORPORATION

Principal Place of Business Mailing Address
801 BRICKELL BAY DR., SUITE 366 **801 BRICKELL BAY DR., SUITE 366**
MIAMI FL 33131 **MIAMI FL 33131**

00098880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
29 SANTI LANE AVE. **29 SANTI LANE AVENUE**

Suite, Apt. #, etc. Suite, Apt. #, etc.
#9 **#9**

City & State City & State
CORAL GABLES **CORAL GABLES**

4. FEI Number Applied For
52-2326427- Not Applicable

Zip Country Zip Country
33134 USA **33134 USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANCEWICZ, ALBERTO DANIEL
801 BRICKELL BAY DR., SUITE 366
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **ANCEWICZ ALBERTO D.**
 Street Address (P.O. Box Number is Not Acceptable)
29 SANTI LANE AVENUE
SUITE 9
 City **CORAL GABLES** FL Zip Code **33134**

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]* **ALBERTO D. ANCEWICZ** **4/24/02**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT ANCEWICZ, ALBERTO D. 29 SANTI LANE AVENUE #9 CORAL GABLES, FL. 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS. BARON MARIA C. 29 SANTI LANE AVENUE #9 CORAL GABLES FL. 33134 | <input type="checkbox"/> Delete |
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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]* **ALBERTO D. ANCEWICZ** **4/22/02** **305 324 2248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
PRESIDENT

CR2E034 (9/01)