

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

5/5

05-05-2003 90326 026 ***150.00

DOCUMENT # P01000065493			
1. Entity Name DISTINCTION DESIGN GROUP, INC.			
Principal Place of Business 265 SW 49TH AVENUE MIAMI FL 33134		Mailing Address 265 SW 49TH AVENUE MIAMI FL 33134	
2. Principal Place of Business		3. Mailing Address P.O. Box 143750	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CORAL GABLES	
Zip		Zip FI 33114	
Country		Country	
4. FEI Number 65-1151795		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORTINAS, MANUEL 265 SW 49TH AVENUE MIAMI FL 33134		7. Name and Address of New Registered Agent Name: Manny Cortinas Street Address (P.O. Box Number is Not Acceptable): 265 SW 49TH AVE City: MIAMI 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		5/28/03	
(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORTINAS, MANUEL 265 SW 49TH AVENUE MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 143750 CORAL GABLES FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORTINAS, VIVIAN 265 SW 49TH AVENUE MIAMI FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 143750 CORAL GABLES FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		X 4-28-03 X	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)