## **FILED**

## 2002 UNIFORM BUSINESS REPORT (UBR)

P01000080526

**DOCUMENT #** 1. Entity Name

MAH DES	SIGN, INC	<b>)</b> .				02-21-2002 90101 (	)38 ***158	3.75
Principal Place PO BOX 222 JUPITER FL 3		s	Mailing Address PO BOX 222 JUPITER FL 33468					
2. Principal P		ness _	3. Mailing Address					
14083 Suite, Apt.		or Lane	<b>P.</b> 6 , 6 6 2 2 3 Suite, Apt. #, etc.	22_		DO NOT WRITE IN THIS	SPACE	
Palm Bes	ach Ga	ndens, Florida	<del> </del>	orida	4.	FEI Number 05-1130336		oplied For ot Applicable
33410		Country	3346B	Country ·		Certificate of Status Desired  Name and Address of New Registered	\$8.75 Add	
6. Name and Address of Current Registered Agent  CORPORATE CREATIONS NETWORK INC.  941 FOURTH STREET #200  MIAMI BEACH FL 33139  City Park Beach Cavalus FL Zip Code LO								
8. The above	1//	Rank Alta	nds owner	registered office or r  Director  E. Registered Agent signature	_		2	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  (NOTE: Registered Agent: (NOTE: Registered Age				D2 Fee will be \$55	0.00	10. Election Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees
11.	1	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS ANI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, M PO BOX 2 JUPITER I	222	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ngan	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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:**