

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 91448 027 ***150.00

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

DOCUMENT # P01000086563

1. Entity Name
OWENS DESIGNS INC.

Principal Place of Business
**3151 SW 192 AVENUE
 MIRAMAR FL 33029**

Mailing Address
**3151 SW 192 AVENUE
 MIRAMAR, FL. 33029**



2. Principal Place of Business
1705 HIGHGROVE CT. NO.

3. Mailing Address
1705 HIGHGROVE CT. NO.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MYRTLE BEACH SC

City & State
MYRTLE BEACH SC

4. FEI Number **65-1140980**

Applied For
 Not Applicable

Zip **29575** Country **USA**

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

6. Name and Address of Current Registered Agent

BERDAYES, MANUEL
3151 SW 192 AVE
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name
MANUEL BERDAYES

Street Address (P.O. Box Number is Not Acceptable)
350 SW 34 AVE
MIAMI FL 33135

City **MYRTLE BEACH SC FL** Zip Code **29575**

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 *Manuel Berdayes* **Manuel Berdayes** **4/21/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After July 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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 OWENS BERDAYES, SHELLEY C 3151 SW 192 AVENUE MIRAMAR FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHELLEY OWENS BERDAYES 1705 HIGHGROVE CT. NO MYRTLE BEACH SC 29575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANUEL BERDAYES 3151 SW 192 AVENUE MIRAMAR FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MANUEL BERDAYES 1705 HIGHGROVE CT NO MYRTLE BEACH SC 29575
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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: *Shelley Owens Berdayes* **Shelley Owens Berdayes** **4/21/03** **(843) 222-7878**

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)