

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

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02 APR 16 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096138	
1. Entity Name SERVICE SOLUTIONS INTERNATIONAL, INC. (formerly Private Love Designs, Inc., amendment recently filed)	
Principal Place of Business 5101 NE 3RD COURT #3 MIAMI, FL 33137	Mailing Address 5101 NE 3RD COURT #3 MIAMI, FL 33137

2. Principal Place of Business NEW 5125 NE 3RD COURT	3. Mailing Address NEW 5125 NE 3RD COURT
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4

DO NOT WRITE IN THIS SPACE

City & State MIAMI	City & State MIAMI	4. FEI Number 65-1143621	Applied For <input type="checkbox"/> Not Applicable
Zip 33137	Country	Zip 33137	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent AMIR YOUSSEF 5101 NE 3RD COURT #3 MIAMI, FL 33137	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5125 NE 3RD COURT, #4 City FL Zip Code
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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 *X* *President* *4/2/02*
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, VP, S, T AMIR YOUSSEF 5101 NE 3RD COURT #3 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5125 NE 3RD COURT, #4 <input checked="" 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
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
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

CR2034 (9/99)

200005419312-1
05/02/02-01014-012
\$150.00 Addition \$50.00

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: *X* *AMIR YOUSSEF* *4/2/02*