

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000099102****1. Entity Name**
DUO DESIGN STUDIO, INC.**FILED**
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90068 007 ***550.00

Principal Place of Business**1445 NE 4TH AVENUE**
FORT LAUDERDALE FL 33304**Mailing Address****1445 NE 4TH AVENUE**
FORT LAUDERDALE FL 33304

B0137794



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**608 SW 4TH AVE**

Suite, Apt. #, etc.

3. Mailing Address**608 SW 4TH AVE**

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL**City & State**
FT. LAUDERDALE FL**4. FEL Number**
US-1149522**Applied For**
Not Applicable**Zip**
33315**Country**
USA**Zip**
33315**Country**
USA**5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DIAZ, ROY A ESQ.**
2691 EAST OAKLAND PARK BOULEVARD
SUITE 303
FORT LAUDERDALE FL 33306**Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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**

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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
D. PRESIDENT
GOULDING, DEBI
1445 NE 4TH AVENUE
FORT LAUDERDALE FL 33304 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
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CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)