

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90129 032 \*\*\*150.00

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**DOCUMENT # P01000099102**

1. Entity Name  
**DUO DESIGN STUDIO, INC.**



Principal Place of Business  
**608 SW 4TH AVE  
FORT LAUDERDALE FL 33315**

Mailing Address  
**608 SW 4TH AVE  
FORT LAUDERDALE FL 33315**

2. Principal Place of Business  
**1220 NE 13th AVE**

3. Mailing Address  
**1220 NE 13TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE FL**

City & State  
**FT. LAUDERDALE FL**

Zip  
**33304**

Country  
**USA**

Zip  
**33304**

Country  
**USA**

4. FEI Number **65-1149522**

Applied For  
Not Applicable.

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 **ROY DIAZ ESQ.**

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$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  
**D 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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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-22-03 954-525-0144**

CR2E034 (10/02)