

FROM : ADVANCED ASSOCIATES

FAX NO. : 9545632883

FILED  
Jun 25, 2002 8:00 am  
Secretary of State

05-27-2002 90448 026 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101435

1. Fictitious Name  
CASHMUL DESIGN GROUP INC. ✓

94831

Principal Place of Business  
4099 N 28 WAY  
HOLLYWOOD FL 33020

Mailing Address  
4099 N 28 WAY  
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
254 S. MILITARY TRAIL  
3. Mailing Address  
254 S. MILITARY TRAIL

City & State  
DEERFIELD BEACH, FLORIDA DEERFIELD BEACH, FLORIDA

4. FEI Number  
65-1146659

Zip Country  
33442 USA

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

6. Name and Address of Current Registered Agent  
CALLAHAN, PATRICK  
4099 N 28 WAY  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
254 S. MILITARY TRAIL  
City DEERFIELD BEACH FL Zip Code 33442

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 \_\_\_\_\_ DATE 4.30.02

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, PATRICK 4099 N 28 WAY HOLLYWOOD FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	254 S. MILITARY TRAIL FT. LAUDERDALE, FL 33442
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in an attachment with an address, with an other like empowers.

SIGNATURE: \_\_\_\_\_ DATE 4.30.02