

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91430 006 ***150.00

0310676 AV

DOCUMENT # P02000008940

1. Entity Name
DN DESIGN STUDIO, INC.



Principal Place of Business
**13205 CORONADO LANE
NORTH MIAMI FL 33181**

Mailing Address
**13205 CORONADO LANE
NORTH MIAMI FL 33181**



2. Principal Place of Business
13205 Coronado Lane
Suite, Apt. #, etc.

3. Mailing Address
13205 Coronado Lane
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State **Same** →

City & State **North Miami FL**

4. FEI Number
02-0539641

Applied For
Not Applicable

Zip Country

Zip **33181**

Country **USA**

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

6. Name and Address of Current Registered Agent

**NEGAS, DAN
13205 CORONADO LANE
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

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)

4-22-03

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

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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: **FORE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date

7862524120

Daytime Phone #

CR2E034 (10/02)