

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91047 009 ***150.00

DOCUMENT # P02000024993

1. Entity Name
DIONNE'S UNIQUE DESIGNERS INC.



Principal Place of Business
**3015 N.W. 79TH ST., BOOTH A91
MIAMI FL 33147**

Mailing Address
**P.O. BOX 173023
HIALEAH FL 33017**



2. Principal Place of Business
3015 NW 79th St Booth A91

3. Mailing Address
P.O. BOX 173023

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

04-3622719

City & State
Miami, Florida

City & State
Hialeah, Florida

4. FEI Number

04-3622719

Applied For

Not Applicable

Zip
33147

Country
Dade

Zip
33017

Country
Dade

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

**JOHNSON, DIONNE
3015 N.W. 79TH ST., BOOTH A91
MIAMI FL 33147**

Name
Dionne Johnson

Street Address (P.O. Box Number is Not Acceptable)

605 NW 177th Street Apt 218

City
Miami

FL

Zip Code
33169

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

**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
**P
JOHNSON, DIONNE
P.O. BOX 173023
HIALEAH FL 33017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, CECILY
605 N.W. 177 ST., #218
HIALEAH FL 33169** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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JOHNSON, MAE B
605 NW 177 ST., #218
HIALEAH FL 33169** ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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 #

4-1-03 (305) 776-8895

CR2E034 (10/02)