

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90032 013 ***150.00

DOCUMENT #

P02000036415

1. Entity Name

DESIGNERASSIST, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

107-B Bob-O-Link Way

3. Mailing Address

107-B Bob-O-Link Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34105

Country

Zip

34105

Country

4. FEI Number

03-0418009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

David Torchin, C.P.A.

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

8211 West Broward Blvd.

Suite 200

City

Plantation

FL

Zip Code

33324

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 file if applicable.

David Torchin, C.P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Belen Moreno 107-B Bob-O-Link Way Naples, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03

Date

239 643 5713

Daytime Phone #

Attachment
86149111
PO2000036415

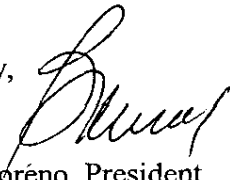
Designerassist, Inc.
107-B Bob-O-Link Way
Naples, Florida 34105

July 1, 2003

Dear Sir/Madam:

It has recently come to my attention that my UBR for the year 2003 has not been filed. This is due to the fact that I have moved from Miami to Naples and I therefore have not received the original UBR. Please accept the enclosed check in the amount of \$150 as payment for the current year filing of my company's UBR. Thank you in advance for your understanding in this matter.

Sincerely,


Belen Moreno, President