

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90643 028 ***150.00

DOCUMENT # P02000045371



1. Entity Name
CONCEPTS DESIGN & REMODELING, INC.

Principal Place of Business
2912 TARPON DR.
MIRAMAR FL 33023

Mailing Address
2912 TARPON DR.
MIRAMAR FL 33023

2. Principal Place of Business
#2912 TARPON DRIVE

3. Mailing Address
2912 TARPON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR FLORIDA

City & State
MIRAMAR FL

4. FEI Number
61-1413885

Applied For
Not Applicable

Zip
33023

Country
U.S.A.

Zip
33023

Country
U.S.A.

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

GARCIA, MARSHA
2912 TARPON DR.
MIRAMAR FL 33023

Name
MARIAN RAMNANAN.
Street Address (P.O. Box Number is Not Acceptable)
136 W. GOLF DR # C292
City
HOLLYWOOD **FL** **Zip Code**
33021-

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)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NAME
GARCIA, ERNESTO ☐ **Delete**
STREET ADDRESS
2912 TARPON DR.
CITY-ST-ZIP
MIRAMAR FL 33023

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

TITLE
S ☒ **Delete**
NAME
GARCIA, MARSHA
STREET ADDRESS
2912 TARPON DR.
CITY-ST-ZIP
MIRAMAR FL 33023

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

TITLE
SECRETARY ☐ **Delete**
NAME
RAMNANAN, MARIAN
STREET ADDRESS
136 W. GOLF DR # C292
CITY-ST-ZIP
HOLLYWOOD FL 33021-

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

04-14-2003. **994-981-6363**

Date Daytime Phone #

CR2E034 (10/02)