2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000083503

1. Entity Name

LUCY H. DESIGNS, INC.



Apr 08, 2003 8:00 am Secretary of State
04-08-2003 90094 027 ***150.00 **FILED**



of Business AVENUE	Mailing Address 888 BRICKELL AVENUE SUITE 201 MIAMI FL 33131								
Principal Place of Business. Mailing Address							en 111 9 1 e 111	! 001#0	
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
	City & State			4. F	FEI Number 56-229 4675			pplied For ot Applicable	
Country	Zip	try	5. (Certificate of Status Desired					
Name and Address of Current Registered Agent				7. N	Name and Address of New Registe	red Ag	ent		
· · · · · · · · · · · · · · · · · · ·									
HASSAN, JOSEPH A 888 BRICKELL AVENUE			Street Address (P.O. Box Number is Not Acceptable)						
SUITE 201 MIAMI FL 33131			07.	 	· · · · · · · · · · · · · · · · · · ·		7:- Co.	1	
MINIMI I E 30101			City			FL	Zip Coc	ie	
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									
gnature, typed or printed name of registered agent a	nd title it applicable. (NOTE	E: Registered	d Agent signature re	equired when re	einstating) Di	ATE.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	' _□		00 May Be d to Fees	
OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND D	IRECTOR	S IN 11	
P] Change	☐ Addition	
EET ADDRESS 888 BRICKELL AVENUE, SUITE 201			ET ADDRESS						
HASSAN, JOSEPH A 888 BRICKELL AVENUE, SUITE 201		NAME	ET ADDRESS] Change	☐ Addition	
s Hassan, Joseph A 888 Brickell Avenue, Suite 2	Delete ~ -	NAME	ET ADDRESS			~ · [] Change	- Addition	
t Hassan, Lucy 388 Brickell Avenue, Suite 2	□ Delete	NAME STREE	ET ADORESS] Change	☐ Addition	
	NAM Str		ET ADDRESS] Change	☐ Addition	
:	☐ Delete	NAME STREE	ET ADDRESS				Change	☐ Addition	
A C - C C S ENTERNISHEN	Country 6. Name and Address of Current I OSEPH A ELL AVENUE 3131 Inned entity submits this statement for is of registered agent. PROW!!! FEE IS \$150.00 Iay 1, 2003 Fee will be \$550.00 ayable to Florida Department of OFFICERS AND (I) HASSAN, LUCY B88 BRICKELL AVENUE, SUITE 2 MIAMI FL 33131 V HASSAN, JOSEPH A B88 BRICKELL AVENUE, SUITE 2 MIAMI FL 33131 J HASSAN, JOSEPH A B88 BRICKELL AVENUE, SUITE 2 MIAMI FL 33131 J HASSAN, LUCY B88 BRICKELL AVENUE, SUITE 2 MIAMI FL 33131 J HASSAN, LUCY B88 BRICKELL AVENUE, SUITE 2 MIAMI FL 33131 J HASSAN, LUCY B88 BRICKELL AVENUE, SUITE 2 MIAMI FL 33131	B88 BRICKELL AVENUE SUITE 201 MIAMI FL 33131 Be of Business 3. Mailing Address etc. City & State Country Zip 6. Name and Address of Current Registered Agent OSEPH A ELL AVENUE 3131 Immed entity submits this statement for the purpose of changing its is of registered agent. (NOT: E NOW!!! FEE IS \$150.00 Iay 1, 2003 Fee will be \$550.00 ayable to Florida Department of State OFFICERS AND DIRECTORS PASSAN, LUCY 388 BRICKELL AVENUE, SUITE 201 MIAMI FL 33131 ASSAN, JOSEPH A 388 BRICKELL AVENUE, SUITE 201 MIAMI FL 33131 ASSAN, JOSEPH A 388 BRICKELL AVENUE, SUITE 201 MIAMI FL 33131 ASSAN, JOSEPH A 388 BRICKELL AVENUE, SUITE 201 MIAMI FL 33131 ASSAN, JOSEPH A 388 BRICKELL AVENUE, SUITE 201 MIAMI FL 33131 Delete Delete Delete	AVENUE B88 BRICKELL AVENUE SUITE 201 MIAMI FL 33131 The of Business. 3. Mailing Address etc. City & State Country Zip Country Zip Country Country	AVENUE 888 BRICKELL AVENUE SUITE 201 MIAMI FL 33131 See of Business 880 BRICKELL AVENUE SUITE 201 MIAMI FL 33131 Street Address 880 BRICKELL AVENUE 3. Mailing Address 881 BRICKELL AVENUE Country Zip Country Zip Country Zip Country Country Zip Country Aname and Address of Current Registered Agent Name Street Address Street Address of registered agent Name Street Address of registered agent Name Street Address of registered agent and kills it applicable. (NOTE. Registered Agent signature registered of registered agent and kills it applicable. E NOW!!! FEE IS \$150.00 alay 1, 2003 Fee will be \$550.00 ala	B88 BRICKELL AVENUE SUITE 201 MIAMI FL 33131 De of Business. 3. Mailing Address etc. City & State Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. B. Name Street Address (P.O. B. Street Address (P.O. B. Name Street Address (P.O. B. Name Street Address (P.O. B. Street Address (P.O. B.	Surfie 201 MAMI FL 33131 se of Business. 3. Mailing Address etc. Suite, Apt. #, etc. Cry & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name Street Address (P.C. Box Number is Not Acceptable) Street Address (P.C. Box Number is Not Acceptable) City and antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I so of registered agent and the Lackdata. (Incite Agents Agent signature required when inhabiting) Displayable to Florida Department of State OFFICERS AND DIRECTORS ASSAN, LUCY Street Address (P.C. Box Number is Not Acceptable) 11. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ASSAN, LUCY Street Address STREET AGRESS OTY-5T-2P ASSAN, LUCY Street Agents STREET AGRESS OTY-5T-2P ASSAN, LUCY STREET AGRESS OTY-5T-2P ASSAN, LUCY STREET AGRESS OTY-5T-2P ASSAN, LUCY STREET AGRESS OTY-5T-2P THE NAME STREET AGRESS OTY-5T-2	Sure 20 Malail FL 33131 are of Business	Suffe 201 MAMI FL 33131 Se of Business. Suite. Apt. #, etc. Suite. Apt. #, etc. City & State City & State City & State City & State Country Lip Country Lip Country Lip Country S. Certificate of Status Desired For Requirement of State Street Address of Current Registered Agent OSSEPH A SIL AVENUE Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Coc Street Address (P.O. Box Number is Not Acceptable) DATE Poster Agent signature received agent, or both, in the State of Florida. Lam familiar with, so of registered agent, or both, in the State of Florida. Lam familiar with, so of registered agent, or both, in the State of Florida. Lam familiar with, so of registered agent, or both, in the State of Florida. Lam familiar with, so of registered agent, or both, in the State of Florida. Lam familiar with, so of registered agent, or both, in the State of Florida. 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Lam familiar with, so of registered agent, or both, in the State of Florida. Lam familiar with, s	

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:

4/4/03

305-342-8422