

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000085702

1. Entity Name
DESIGNER SHOP, INC.



10094566

Principal Place of Business
9140 COLLINS AVENUE APT. D
SURFSIDE, FL 33154

Mailing Address
9140 COLLINS AVENUE APT. D
SURFSIDE, FL 33154

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-0637216

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BARAKAT, JENNIFER M
9140 COLLINS AVENUE APT. D
SURFSIDE, FL 33154

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 date if applicable (NOTE: Registered Agent signature required when withdrawing)
DATE

FILE NOV 11 FEB 15 \$150.00
After May 1, 2003 Fee will be \$500.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	GERMANEL, TONI A	9140 COLLINS AVENUE APT. D	SURFSIDE, FL 33154	☐
VD	BARAKAT, JENNIFER M	10590 SW 66 TERRACE	MIAMI, FL 33173	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
PD	GEMAYEL, TONI AKL	9140 COLLINS AVENUE, APT D.	SURFSIDE FL 33154	☐
				☐
				☐
				☐
				☐
				☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/22/03
Daytime Phone #

CR2E034 (10/02)