

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90201 046 ***150.00

DOCUMENT # P02000115189

1. Entity Name
CONTACT DESIGNS, INC.



Principal Place of Business
**709 NE 205 TERRACE
NORTH MIAMI BEACH FL 33179**

Mailing Address
**709 NE 205 TERRACE
NORTH MIAMI BEACH FL 33179**



2. Principal Place of Business
**20741 NE 4TH COURT
APT. 205**

3. Mailing Address
**20741 NE 4TH COURT
APT. 205**

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
45-0489559

Applied For
Not Applicable

Zip Country
33179-1879 USA

Zip Country
33179-1879 USA

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

6. Name and Address of Current Registered Agent

**CALASICH, PATRICIA
709 NE 205 TERRACE
NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

Name
CALASICH, PATRICIA
Street Address (P.O. Box Number is Not Acceptable)
20741 NE 4TH COURT APT. 205
City
MIAMI, FL Zip Code
33179-1879

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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALASICH, PATRICIA 709 NE 205 TERRACE NORTH MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALASICH, PATRICIA 20741 NE 4TH COURT APT. 205 MIAMI, FL 33179-1879	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **PATRICIA CALASICH** **02/05/03** **786 543 1943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)