

FILED  
Jun 16, 2003 8:00 am  
Secretary of State

05-15-2003 90120 012 \*\*\*150.00

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

DOCUMENT # P02000116265

1. Entity Name  
M2 DESIGNS, INC.



Principal Place of Business  
2821 NW 99 TER  
SUNRISE FL 33322

Mailing Address  
2821 NW 99 TER  
SUNRISE FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0535702

Applied For

Not Applicable

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

MOORE, YVONNE M  
2821 NW 99 TER  
SUNRISE FL 33322

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 title if applicable.

(NOTE: Registered Agent Signature required when amending)

DATE

6/11/03

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
MOORE, YVONNE M  
2821 NW 99 TER  
SUNRISE FL 33322 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVS  
MOORE, MICHELLE  
2821 NW 99 TER  
SUNRISE FL 33322 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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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

5/1/03

9847423247

Date

Daytime Phone #

CR25034 (10/02)

Attachment #

PO2000116265  
55048485

Attached to document  
#PO2000116265

*m<sup>2</sup> designs inc.*



2821 NW 99th Terrace  
Sunrise, Florida 33322  
T.954.742.3247  
E-mail: [ym2designsinc@yahoo.com](mailto:ym2designsinc@yahoo.com)

May 3, 2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500-  
Tallahassee, FL 32302-1500

To whom it may concern:

Please accept this letter on behalf of *m<sup>2</sup> designs inc.* as a formal apology and explanation for the late remittance of the corporation business filing payment. The company is fairly new and I am still in the learning process and trying to get caught up with the necessary filings and deadlines.

Again my apologies for the tardiness of this payment and I am requesting leniency and a waiver on any penalty that may be assessed.

Sincerely,

Michelle A. Moore - Vice President

*m<sup>2</sup> designs inc.*