

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000111393

1. Entity Name
GENERAL DESIGN GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -10 PM 4:48

Principal Place of Business
10054 WINDING LAKE RD
SUNRISE, FL 33351 US

Mailing Address
10054 WINDING LAKE RD
SUNRISE, FL 33351 US

2. Principal Place of Business
10115 NW 46th St

3. Mailing Address
10115 NW 46th St



10192004 REIN-P CR2E098 (6/04)

City & State
Sunrise Florida

City & State
Sunrise Florida

4. FEI Number
337-1481537

Applied For
Not Applicable

Zip
33351

Country
U.S.

Zip
33351

Country
U.S.

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

UZCATEGUI, MARIO JR
10054 WINDING LAKE RD
SUNRISE, FL 33351

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, except printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Mario Uzcategui Jr.
STREET ADDRESS owner
10115 NW 46th St
CITY-ST-ZIP Sunrise FL 33351 ☐ Delete

TITLE D
NAME Enrique Fernandez
STREET ADDRESS owner
10115 NW 46th St
CITY-ST-ZIP Sunrise FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/04

Date

(954) 746-6669

Daytime Phone #