

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016813

1. Entity Name
SCENE STEALER DESIGN, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90174 024 ***150.00

Principal Place of Business
**2754 NW 29 TERRACE
LAUDERDALE LAKES FL 33311**

Mailing Address
**2754 NW 29 TERRACE
LAUDERDALE LAKES FL 33311**

2. Principal Place of Business
5720 NE 4 Ave
Suite, Apt. #, etc.

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

City & State **MIAMI, FLORIDA**

City & State

4. FEI Number **65-0394820**

Applied For
Not Applicable

Zip **33137**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**THOMAS, III, WOODIE H ESQUIRE
1603 VISION DRIVE
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name **SILVIA ELVIRA**

Street Address (P.O. Box Number is Not Acceptable)

2664 S.W. 17 Ave

City **MIAMI**

FL

Zip Code **33133**

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.

SIGNATURE 

Signature, typed or printed name of registered agent and the filer

(NOTE: Registered Agent signature required when reinstating)

4/17/2001
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE DIEGO, FERNANDO CID 2664 S.W. 17TH AVENUE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELVIRA, SILVIA 2664 S.W. 17 AVENUE MIAMI FL	<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

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

13. 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 11 or Block 12 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

4/17/2001
Date

Daytime Phone #

CR2E034 (10/00)