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

## P93000038517 **DOCUMENT #**

1. Entity Name

DESIGN ADVANTAGE, INC.



## **FILED** Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90157 009 \*\*\*150.00

Principal Plate 5401 MAGGIO CORAL GABLE		Mailing Address 5401 MAGGIORE STREET CORAL GABLES FL 33146	<u> </u>						
2. Principal I	Place of Business H Olderra DR.	wna DR							
Suite, Apt	#, etc.	Suite, Apt. #, etc.	<u></u>		CHECK HERE IF	MAKING	CHANGES	3	
City & Sta	"Gables, FI	Coral Gables	, fl	4.	FEI Number 65-0413044		<b></b>	pplied For lot Applicable	7
2 <u>10</u> 231	Country	2ip 33146	Country	5.	Certificate of Status Desired	11 '	8.75 Ac ee Requir		
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Reg	gistered A	gent		1
WELLEN	DATRICIA	<del>~~~~~~~~</del>	Name			<del>-</del>	~ <del>~~~</del>		= =
WELLES, PATRICIA G 2200 MUSEUM TOWER			Street Address (P.O. Box Number is Not Acceptable)						1
					~ '				-
	FLAGLER STREET								
MIAMI FL	33 130		City			FL	Zip Cod	de	ļ
8. The above	e named entity submits this statement for	the purpose of changing its reg	istered office or	registered a	gent, or both, in the State of Florid	da. I am fa	miliar with	, and accept	1
the obliga	tions of registered agent.								ļ
SIGNATURE									
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Reg	gistered Agent signatur	e required when i	einstating)	DATE	·		4
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Finar	ncina	\$5.0	O May Be	
	r May 1, 2003 Fee will be \$550.00	<b>I</b>							
	k Pavable to Florida Department of	State			Trust Fund Contribution.		Adde	d to Fees	1
	k Payable to Florida Department of OFFICERS AND D		11.	1A					
10.	OFFICERS AND D		11.	Αί	DDITIONS/CHANGES TO OFFIC	ERS AND [			6
10. TITLE NAME	OFFICERS AND D WELLES, CLIFFORD Y	DIRECTORS	TITLE NAME		DDITIONS/CHANGES TO OFFIC	ERS AND [	DIRECTOR	S IN 11	(10/02)
TITLE NAME STREET ADDRESS	OFFICERS AND D WELLES, CLIFFORD Y 5401 MAGGIORE STREET	DIRECTORS	TITLE NAME STREET ADDRESS	<b>⊉</b> 404	DOITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 11	134 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D WELLES, CLIFFORD Y	DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>⊉</b> 404	DDITIONS/CHANGES TO OFFIC	ERS AND !	DIRECTOF Change	S IN 11	2F034
TITLE NAME STREET ADDRESS	D WELLES, CLIFFORD Y 5401 MAGGIORE STREET CORAL GABLES FL 33146	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	<b>⊉</b> 404	DOITIONS/CHANGES TO OFFIC	ERS AND !	DIRECTOR	S IN 11	CR2F034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D WELLES, CLIFFORD Y 5401 MAGGIORE STREET	DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5404 Coral	DOITIONS/CHANGES TO OFFIC	ERS AND !	DIRECTOF Change	S IN 11	2F034
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND E  D WELLES, CLIFFORD Y 5401 MAGGIORE STREET CORAL GABLES FL 33146  D UNDERWOOD, JUDITH W	DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5404 Coral	Ordura Dr.  Sables, Fl 33	ERS AND !	DIRECTOF Change	S IN 11	2F034
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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.

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP