

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071446

1. Entity Name
P.W. DESIGN, INC.

Principal Place of Business

14120 SW 142 AVE
MIAMI FL 33186
US

Mailing Address

PW DESIGN
14120 SW 142 AVE
MIAMI FL 33186
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0444942

☒ 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

ARANGO, PATRICIA
12129 SW 131 AVE.
MIAMI FL 33186

Name ARANGO PATRICIA

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

15480 SW 115 Terr

City miami

FL

Zip Code 33196

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME ARANGO, PATRICIA ☐ Delete
STREET ADDRESS 9516 SW. 154 PL
CITY-ST-ZIP MIAMI FL 33196

TITLE PD
NAME ARANGO PATRICIA ☒ Change ☐ Addition
STREET ADDRESS 15480 SW 115 Terr
CITY-ST-ZIP miami - FL 33196

TITLE V
NAME MONTOYA, WILLIAM ☐ Delete
STREET ADDRESS 9516 SW. 154 PL
CITY-ST-ZIP MIAMI FL 33196

TITLE V
NAME Montoya william ☒ Change ☐ Addition
STREET ADDRESS 15480 SW 115 Terr
CITY-ST-ZIP miami - FL 33196

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90038 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)