2002 UNIFORM BUSINESS REPORT (UBR) P93000071446 **DOCUMENT #** 1. Entity Name

FILED
May 06, 2002 8:00 am
Secretary of State

F.W. DE	SIGN, INC.		ŕ	05-06-2002 90186 046 ***150.00
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 I	Place of Business	3. Mailing Address	9 t Pi	1 10011001 120 10100 11141 00211 00111 00111 00112 10001 12011 01011 01011 01011 0101
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number APPLIED FOR Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
			Name	
ARANGO, PATRICIA 15480 SW 115 TERR			Street Addres	ress (P.O. Box Number is Not Acceptable)
MIAMI FL 33196				
			City	FL Zip Code
Ø The above	n normand analists as least the state of the			gistered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registered Agent signature requ	equired when reinstating) DATE
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 20	!!! FEE IS \$150.00 02 Fee will be \$550.00 ble to Department of S	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARANGO, PATRICIA 15480 SW 115 TERR MIAMI FL 33196	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTOYA, WILLIAM 15480 SW 115 TERR MIAMI FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby c	certify that the information supplied with	this filing does not qualify for	the exemption stated in S	n 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR