## .2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P93000083657 1. Entity Name

INTRACOASTAL PROFESSIONAL PLAZA, INC.

Principal Place of Business Mailing Address 155 E BLUE HERON BLVD 3502 MÁRIGOLD COURT STE 300 · SUITE ·102

**FILED** Jun 13, 2002 8:00 am Secretary of State
06-13-2002 90382 007 \*\*\*550.00

RIVIERA BCH FL 33404 US		PALM BEACH GARDENS FL 33410								
2. Principal Place of Business		3. Mailing Address U.S. DESIGN. INC.					[]			
Suite, Apt. #, etc.		Suite, Apt. #, etc.  980 Cobb Place Du Suite 18		ite 180	DO NOT WRITE IN THIS SPACE					
City & State		City & State Kennes Au, 6A.	30144		4. FEI Number 65-0498342		<del></del>	pplied For ot Applicable		
Zip	Country	30144	Country <i>USA</i>			e of Status Des		<b>\$8.75</b> Add Fee Require		
	6. Name and Address of Current I			7. Name and	d Address of I	New Registere	ed Agent			
MENEGOLO, SADI 3502 MARIGOLD COURT SUITE 102				Name V. Donald Hilley P. A.  Street Address (P.O. Box Number is Not Acceptable)  PROSPERITY GARDERS SUITE 124  11382 PROSPERITY FARMS ROAD						
PALM BEACH GARDENS FL 33410						EARDONS			4/0	
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 family of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  10. Election Campaign Financing \$5.00 May Be										
(See criteria on back)  Make Check Payable to Department of State								☐ Added	d to Fees	
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PSD MENEGOLO, SADI SUITE 102, 3502 MARIGOLD COL PALM BEACH GARDENS FL 3341		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MENC Suite	6060, 5 18 <b>0</b> , 00,000.	SADI 980 CI GA	obb  KA 3014	□ Change CG SLV. 4	Addition	
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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										

SIGNATURE: