2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State
02-03-2000 90012 041 ***158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000002082

1. Entity Name
BOTANICAL DESIGNS, INC.

Principal Place of Business	Mailing Address
~~5921 RAVENSWOOD RD~~ BAY A-6 THR A-8 ~~DAVIE FL 33312~~ US	PO BOX 291431 DAVIE FL 33329-1431 US

2. Principal Place of Business	3. Mailing Address
5931 Ravenswood Rd	
Suite, Apt. #, etc.: Bay A-6	Suite, Apt. #, etc.
City & State: DANIA FL 33312	City & State
Zip: 33312 / Country: US	Zip / Country

4. FEI Number 65-0462967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, BERNARD R.
~~1946 SW 81ST TERRACE~~
STE 1
DAVIE FL 33321

7. Name and Address of New Registered Agent

Name: Feinberg BERNARD R
Street Address (P.O. Box Number is Not Acceptable): 4400 S.W 43rd AVENUE
City: Ft Lauderdale FL Zip Code 33314

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] BERNARD R FEINBERG President 1-27-2000
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, 2000 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	PD FEINBERG, BERNARD R 4400 SW 43RD AVE FT LAUDERDALE FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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] Bernard R. Feinberg 1-27-2000 954-987-0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)