## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P94000020278** Apr 13, 2000 8:00 am Secretary of State **CULTURAL DESIGNS INC** 04-13-2000 90041 041 \*\*\*150.00 Principal Place of Business Mailing Address 275 E. PROSPECT RD. 275 E. PROSPECT RD. OAKLAND PARK FL 33334-1441 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-047 1909 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PELTZ, LAURENCE A Street Address (P.O. Box Number is Not Acceptable) 275 E PROSPECT RD OAKLAND PARK FL 33334 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE IZ, LAURENCE A PELTZ, LAURENCE A NAME 2150 LAZY LANE STREET ADDRESS 80 NE 48TH CT. STREET ADDRESS LAZY LAKE FL *3*3305 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Addition TITLE ☐ Delete Change NAME WATERHOUSE, CLIVE NAME STREET ADDRESS STREET ADDRESS 551 N. ANDREWS AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 pare like empowered.

RENCE ADELE