

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021174

1. Entity Name

MARY LOUISE DESIGNS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90113 008 ***150.00

Principal Place of Business

Mailing Address

6016 LEONARDO STREET
 CORAL GABLES FL 33146
 US

6016 LEONARDO STERET
 CORAL GABLES FL 33146
 US

2. Principal Place of Business

3. Mailing Address

705 Sunset Drive

705 Sunset Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

4. FEI Number
 65-0504485

Applied For
 Not Applicable

Zip
 33143

Country
 USA

Zip
 33143

Country
 USA

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

YOUNG, MARY LOU NIMER
 6016 LEONARDO STREET
 CORAL GABLES FL 33146

Name
 Young, Mary Lou Nimer

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

705 Sunset Drive

City
 Coral Gables FL 33143

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 *M. Young*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/00
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 Delete
 NAME D
 STREET ADDRESS YOUNG, MARY LOU NIMER
 CITY-ST-ZIP 6016 LEONARDO STREET
 CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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: *M. Young*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00
 DATE

Daytime Phone #

CR2E034 (9/99)