

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90051 014 ***150.00

DOCUMENT # P94000078725

1. Entity Name
DESIGN USA, INC.

Principal Place of Business
9722 SW 146 AVE
MIAMI FL 33186

Mailing Address
9722 SW 146 AVE
MIAMI FL 33186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0535468**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HENRIQUEZ, LUIS A
11541 N.E. 7TH AVE.
MIAMI FL 33161

Name

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

4190 PANDORA AVENUE

City

COCONUT GROVE

FL

Zip Code

33133

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 _____ (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, 2002 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

FILE NAME **P** ☐ Delete
HENRIQUEZ, LUIS A
STREET ADDRESS **9849 S.W. 11TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE NAME **P** ☐ Change ☐ Addition
LUIS A. HENRIQUEZ
STREET ADDRESS **4190 PANDORA AVENUE**
CITY-ST-ZIP **COCONUT GROVE, FL. 33133**

TITLE NAME **VP** ☐ Delete
HENRIQUEZ, LYDIA A
STREET ADDRESS **9722 S.W. 146TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 305-752-2874

CR2E034 (9/01)