

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028528

1. Entity Name

DESIGN CENTRAL, INC.

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90027 012 \*\*\*158.75

Principal Place of Business

Mailing Address

5501 NE 26 AVE.  
FT. LAUDERDALE FL 33308

5501 NE 26 AVE.  
FT. LAUDERDALE FL 33433-8250

new address ↓

new address ↓

2. Principal Place of Business

3. Mailing Address

5730 VISTA LINDA LN. 5730 VISTA LINDA LANE

Suite, Apt. #, etc. —

Suite, Apt. #, etc. —



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0593251 ✓

Applied For  
Not Applicable

Zip

33433

Country

USA

Zip

33433

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

GLASSER, KAREN B  
5501 NE 26 AVE.  
FT. LAUDERDALE FL 33308

new address →

Name Karen Bagar Glasser

Street Address (P.O. Box Number is Not Acceptable)  
5730 VISTA LINDA LANE

City BOCA RATON FL Zip Code 33433

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-2000

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 + P.75**  
**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 PD  
NAME GLASSER, KAREN B ☐ Delete  
STREET ADDRESS 5501 NE 26 AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE PD  
NAME GLASSER KAREN BAGAR ☒ Change ☐ Addition  
STREET ADDRESS 5730 VISTA LINDA LANE  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Karen J. BAGAR GLASSER - 1-25-00

Date

Daytime Phone #

561-620-0224