

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053745

1. Entity Name

MEXICAN DESIGNS, INC.

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90010 014 ***150.00

Principal Place of Business

Mailing Address

~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~

~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~

2. Principal Place of Business
100 GIRALDA

3. Mailing Address
100 GIRALDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

Zip 33134

Country DADE

Zip 33134

Country DADE

4. FEI Number 65-0596561

Applied For

Not Applicable

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

~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~

Name

ISAURO VILLARREAL

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

100 GIRALDA

City

CORAL GABLES, FL

FL

Zip Code 33134

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

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 PD
NAME OJEDA, BRENDA
STREET ADDRESS 13585 S.W. 116 TERRACE
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE PD
NAME ISAURO VILLARREAL
STREET ADDRESS 100 GIRALDA
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SD
NAME EDUARDO CANTO
STREET ADDRESS 100 GIRALDA
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VPD
NAME ROSALINDA RODRIGUEZ
STREET ADDRESS 100 GIRALDA
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-00

205 461-9848

CR2F034 (9/99)