

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066579

1. Entity Name
DESIGN DEPOT HOLDINGS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90115 035 ***150.00

Principal Place of Business
900 PARK CENTRE BLVD
460
MIAMI FL 33169
US

Mailing Address
900 PARK CENTRE BLVD
460
MIAMI FL 33169
US

00040300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
800 NW 71 Street
Suite, Apt. #, etc.

3. Mailing Address
800 NW 71 Street
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33166

Country

Zip
33166

Country

4. FEI Number 65-0606695

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUARACIABA, FRANCISCO
900 PARK CENTRE BLVD 460
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
800 NW 71 Street

City Miami FL Zip Code 33166

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, 2001 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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUARACIABA, FRANCISCO		NAME		
STREET ADDRESS	900 PARK CENTRE BLVD 460		STREET ADDRESS	800 NW 71 Street	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP	Miami, FL 33166	
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUARACIABA, ELINA		NAME		
STREET ADDRESS	900 PARK CENTRE BLVD 460		STREET ADDRESS	800 NW 71 Street	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Date: April 20, 2001

Daytime Phone #

CR2E034 (10/00)