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## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90067 009 \*\*\*150.00

DOCUMENT # P96000026206

1. Entity Name  
 TVI DESIGN, INC.

Principal Place of Business  
 10210 S.W. 50TH COURT  
 COOPER CITY FL 33328

Mailing Address  
 10210 S.W. 50TH COURT  
 COOPER CITY FL 33328



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 65-0740888

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

GENTILE, JOHN D  
 1601 N PALM AVENUE #212  
 PEMBROKE PINES FL 33026

Name TIMOTHY M. ISAACS  
 Street Address (P.O. Box Number is Not Acceptable)  
10210 SW 50th Court  
 City Cooper City FL 33328

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, 2002 Fee will be \$550.00 ---**  
**Make Check Payable to Department of State**

10. Election Campaign Financing **\$5.00 May Be**  
 Trust Fund Contribution: ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME ISAACS, VICTORIA ☒ Delete  
 STREET ADDRESS 10210 S.W. 50TH COURT  
 CITY-ST-ZIP COOPER CITY FL 33328

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

TITLE ☐ Delete  
 NAME ~~OTD~~ ISAACS, TIMOTHY  
 STREET ADDRESS 10210 S.W. 50TH COURT  
 CITY-ST-ZIP COOPER CITY FL 33328

TITLE ☒ Change ☐ Addition  
 NAME President  
 STREET ADDRESS Isaacs, Timothy  
 CITY-ST-ZIP (Same Address)

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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:

Timothy M. Isaacs Timothy M. ISAACS 03/30/02 954-434-3780  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)