FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90032 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029761

90130615

1. Entity Name
THREE VISIONS DESIGN, INC.

Principal Place of Business	Mailing Address
3801 S. OCEAN DRIVE #11-T HOLLYWOOD, FL 33019	3801 S. OCEAN DRIVE #11-T HOLLYWOOD, FL 33019

2. Principal Place of Business	3. Mailing Address
3101 Port Royale Blvd,	3101 Port Royale Blvd
Suite, Apt. #, etc. #415	Suite, Apt. #, etc. #415
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33308 Country USA	Zip 33308 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0650662 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONSBRUCK, PAMELA S
3801 S. OCEAN DRIVE
#11-T
HOLLYWOOD, FL 33019

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONSBRUCK, PAMELA S 3801 S. OCEAN DRIVE, #11-T HOLLYWOOD, FL 33019	☐ Delete — change to →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. MONTEIRO, PAMELA CONSBRUCK- 3101 PORT ROYALE BLVD, #415 FT. LAUD, FL 33308 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela Consbruck Monteiro 5/1/03 (786)489-0308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #