

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90428 047 ***150.00

DOCUMENT # P96000082874

1. Entity Name

CAPITAL DESIGN STRATEGIES, INC.**00057452**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4901 NW 17th Way, #407
Ft. Lauderdale, FL 333094901 NW 17th Way, #407
Ft. Lauderdale, FL 33309

2. Principal Place of Business

3. Mailing Address

3840 W. Hillsboro Blvd.

3840 W. Hillsboro Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 156

PMB 156

City & State

City & State

Deerfield Beach, FL

Deerfield Beach, FL

Zip

Country

Zip

Country

33442

USA

33442

USA

4. FEI Number

Applied For

65-0734935

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

Morgenstern, Fred E.
4901 NW 17th Way
Suite 407
Ft. Lauderdale, FL 33309

Name

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

3840 W. Hillsboro Blvd., PMB 156

City

Deerfield Beach

FL

Zip Code

33442

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Morgenstern, Fred E
4901 NW 17th Way, Suite 407 PMB
Ft. Lauderdale, FL 33309 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Morgenstern, Fred E.
3840 W. Hillsboro Blvd., PMB 156
Deerfield Beach, FL 33442 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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STREET ADDRESS
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☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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

Fred E. Morgenstern

Date

4/30/00

Daytime Phone #