2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P96000096924

1. Entity Name DESIGNAPOLIS, INC.



FILED May 05, 2003 8:00 am § Secretary of State

05-05-2003 91449 043 ***150.00

Principal Place 145 MADEIRA 205 CORAL GABL US	·		STE 205	145 MADEIRA AVE STE 205 CORAL GABLES FL 33134							
2. Principal F	Place of Busines	s	3. Mailing Addres	3. Mailing Address				VI III II II II II II I	i s 41448 10148 1		
Suite, Apt.	#, etc.	-	Suite, Apt. #, et	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			h5-1/14931			oplied For ot Applicable	
Zip Country			Zip	Cour	Country		Pertificate of Status Desired		8.75 Add ee Require		
	6. Name a	nd Address of Cur	rent Registered Agent			7. N	ame and Address of New Re	gistered Ag	jent		
					Name						
Paba, iri 8621 SW				Street Address			(P.O. Box Number is Not Acceptable)				
Młami Fl											
401				City				FL	Zip Code		
	itions of registere	ed agent.	nt for the purpose of char		ed office or regis		ent, or both, in the State of Flor	DATE	miliar with,	and accept	
Afte Make Chec	er May 1, 2003	FEE IS \$150.00 Fee will be \$550 lorida Departme	.00 nt of State				9. Election Campaign Fina Trust Fund Contribution		Added	May Be to Fees	
10.	T	OFFICERS /	AND DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OSORIO, EF 8621 SW 14 MIAMI FL 33	6 ST	□ Del	NAM STRE					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PABA, IRINA 8621 SW 14 MIAMI FL 33	6 ST	□ Deli	NAM STRE				[☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-SI-7IP			□ Dele	NAM! STRE				[Change	Addition	

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 his 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: