

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90018 043 \*\*\*150.00

DOCUMENT # **797000004148**

1. Entity Name  
 PASSIONPIECE DESIGNS, INC.

Principal Place of Business Mailing Address  
 16210 115TH AVENUE NORTH 16210 115TH AVENUE NORTH  
 JUPITER, FL JUPITER, FL  
 33478 33478

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number 65-0720627 Applied For Not Applicable  
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**A0085765**

## 6. Name and Address of Current Registered Agent

MCGRATH, ROBERTO  
 16210 115TH AVENUE NORTH  
 JUPITER, FL 33478

## 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.

## 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 \$160.00**  
**After MAY 1, 2000 Fee will be \$650.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE P  
 NAME MCGRATH, ROBERTO  
 STREET ADDRESS 16210 115TH AVENUE NORTH  
 CITY - ST - ZIP JUPITER, FL 33478

TITLE S  
 NAME MCVAY, LINDA M.  
 STREET ADDRESS 16210 115TH AVENUE NORTH  
 CITY - ST - ZIP JUPITER, FL 33478

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 NAME  
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 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
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TITLE  
 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)(f), 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 7/27/01 Daytime Phone # 5617488738

CR2 E034 (9/99)

Attachment  
#P9700081140  
A0085765

***Passionpiece Design, Inc.  
16210 115<sup>th</sup> Avenue North  
Jupiter, FL 33478***

August 23, 2001

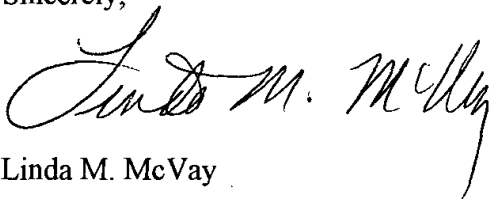
Secretary of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madame,

Enclosed please find a check in the amount of \$150.00 which represents the 2000 Annual Corporate Filing Fee. We did not receive the 2000 Uniform Business Report. Since we moved last year to a new address it may have not been forwarded to us. We are humbly requesting that you accept this fee as our payment in full and please abate the penalties added to the reinstatement fee.

Thank you for your consideration.

Sincerely,



Linda M. McVay