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

## P97000010755 DOCUMENT #

1. Entity Name

NORMA KING DESIGNZ, INC.



## **FILED** Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90178 031 \*\*\*150.00

Name and Address of Current Registered Agent				w									
Surie. Apt. e, otc.  Surie. Apt. e, otc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  As Continent of Status Desired  BASTS Additional  Fee Required  For Required  ROCHETEAU, RALPH  Street Address of New Registered Agent  Name  ROCHETEAU, RALPH  Street Address (P.O. Box Number is Not Acceptable)  FLE Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Floridis. I am harmlise with, and accord the obligations of registered agent.  SCINAT.RET  Separate Special Street Agent  FLE NOWILL FEEL S1519.0.0  Address Agent	Principal Place 7597-DEL-MON HOUSTON-TX-	e of Business  TE-DR. 66  TE-03	47 B1	Glen	Mailing Address NORMA KING /I.B.M. 2703-MIAMI-LAKES-DA. MAMI-LAKES-FL-88814	664 Ho	7 BA	You 6 les	, 	111 <b>88</b> 3 11 <b>8</b> 38311 2 <b>88</b> 41 <b>88</b> 3	II <b>Ba</b> isi <b>Ba</b> isi <b>1815</b> i	!{ <b>!</b> {  <b>!</b>   <b>!</b>   <b>!</b>   <b>!  !</b>   <b>!</b>   <b>!</b>   <b>!  !</b>   <b>!  !  !  !  !  !  !  !  !  !  !  !  !  !</b>	4014 <b>1</b> 01 1 <b>01</b>
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ROCHETEAU, RALPH 5757 N.W. 11TH STREET SUITE 160 MAMIR FL. 33126  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Stave of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU	Zip Country				Zip	Cour	Country		5 Certificate of Status Desired  \$8.		\$8.75 A	dditional	
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STOP N.W. 11TH STREET SUITE 160  MAMIFL 33126  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FLE NOWI!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2		V. Ivanio di	o Addicos o	· ourront riog	iotorou rigorii.		Name						#-
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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. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hose or printed name of registered agent and title if applicable.  PACTE: Registered Agent agroups required agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hose or printed name of registered agent agroups required when remarking:  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SUITE 160					,							
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**SIGNATURE:**