2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90124 009 ***150.00

A0030032

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000013874

1. Entity Name
ALLUVIUM OF DESIGN, INC.

Principal Place of Business	Mailing Address
1930 NE 194TH ST NORTH MIAMI BEACH FL 33179-3647	1930 NE 194TH ST NORTH MIAMI BEACH FL 33179-3647

2. Principal Place of Business		3. Mailing Address	
233 N. Federal Hwy		233 N. Federal Hwy.	
Suite, Apt. #, etc.: 39		Suite, Apt. #, etc.: 39	
City & State: Dania Beach, FL.		City & State: Dania Beach, FL.	
Zip: 33004-2840	Country: USA	Zip: 33004-2840	Country: USA

4. FEI Number 65-0727729 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORROBA, MIGUEL
1930 NE 194TH ST
NORTH MIAMI BEACH FL 33179-3647

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 $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TORROBA, MIGUEL		NAME		
STREET ADDRESS	1930 NE 194TH ST		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179-3647		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUBBARD, CHARLES		NAME		
STREET ADDRESS	1930 NE 194TH ST		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179-3647		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Charles Hubbard 3/10/00 954-922-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #