## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 04, 2001 8:00 am DOCUMENT # P97000022852 Secretary of State 1. Entity Name SISSI'S DESIGN, INC 05-04-2001 90021 036 \*\*\*150.00 Mailing Address Principal Place of Business 8205 W. 18 JANE RD 8205 W. 18 JANE RD $\sigma$ HIALEAH FL 33014 HIALEAH FL 33014 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0736884 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRUZ. ELBA Street Address (P.O. Box Number is Not Acceptable) 8205 W. 18 JANE RD HIALEAH FL 33014 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE \_\_\_ Delete TITLE CRUZ, ELBA NAME NAME 8205 W 18 LANE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33014 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE CRUZ. SISSI NAME NAME 3205 W 18 LANE ROAD STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 CITY-ST-7IP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE CRUZ, SILVIA NAME NAME STREET ADDRESS 8205 W 18 LANE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Change ☐ Addition ☐ Delete TITLE TITLE CRUZ, EDMUNDO NAME 8205 W 18 LANE ROAD STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

SIGNATURE:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

04/16/2001 (305) 4581515

FILED