2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 8970000 448 Apr 17, 2001 8:00 am Secretary of State BAR DESIGN CORPORATION 04-17-2001 90034 028 ***150.00 Principal Place of Business Mailing Address 7040 W PALMATTO PARK RD.
Bldg. 4 SUITR 464
BOCA RATON F1. 33433 A0049723 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable Country Country 8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFF WASSERMAN Name 7040 W PALMETTO PKRO SSITE 464 Street Address (P.O. Box Number is Not Acceptable) BOLA RATON F1 33433 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. PRESIDENT ☐ Addition □ Delete TITLE Change TITLE Jeffrey WASSERMAN 1040 W PALNETTO PKRd # 464 NAME NAME STREET ADDRESS STREET ADDRESS FI CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Channe ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered. Jettrey WASSRAMAN A SIGNATURE: <u></u>