

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064331

1. Entity Name

DESIGN GROUP INTERNATIONAL, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90801 039 \*\*\*150.00

Principal Place of Business

33 S.E. 7TH STREET #M  
BOCA RATON FL 33432

Mailing Address

33 S.E. 7TH STREET #M  
BOCA RATON FL 33432-6125

80059173

2. Principal Place of Business  
4100 NE 2ND AVENUE

3. Mailing Address  
4100 NE 2ND AVENUE

Suite, Apt. #, etc.  
SUITE 306

Suite, Apt. #, etc.  
SUITE 306

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number 65-0770957

Applied For  
Not Applicable

Zip  
33137

Country  
USA

Zip  
33137

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLSON, JAMES O  
33 S.E. 7TH STREET  
STE. M  
BOCA RATON FL 33432

Name  
DOLSON, JAMES O

Street Address (P.O. Box Number is Not Acceptable)  
4100 NE 2ND AVENUE

SUITE 306

City  
MIAMI

FL

Zip Code  
33137

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

4-26-00

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
P	JAMES O DOLSON	33 SE 7TH ST #M	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
P	JAMES O DOLSON	4100 NE 2ND AVENUE #306	MIAMI, FL 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 furnished 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

Daytime Phone #

JAMES O DOLSON 571-9799