

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90335 036 \*\*\*158.75

DOCUMENT # P97000067188

1. Entity Name

Hudari Design, Inc.

**DO NOT WRITE IN THIS SPACE**

80101815

2. Principal Place of Business

2968 SW 8 Street

Suite, Apt. #, etc.

3. Mailing Address

2968 SW 8 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0773823

Applied For

Not Applicable

Zip

33135

Country

US

Zip

33135

Country

US

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Carlos Rico

Street Address (P.O. Box Number is Not Acceptable)

2968 SW 8 Street

City

Miami

FL

Zip Code

33135

**DO NOT WRITE  
IN THIS SPACE**

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)



**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 - ST - ZIP

D

Carlos H Rico

2968 SW 8 St

Miami Florida 33135

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

Ana Cristina Gutierrez

2968 SW 8 St

Miami Florida 33135

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

(305) 529-9098

Daytime Phone #

CR2E034B (12/01)