

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90145 039 ***150.00

0036227 AV

DOCUMENT # P97000083270

1. Entity Name
MAISON DESIGN, INC.



Principal Place of Business
**2510 PRINCETON COURT
WESTON FL 33327**

Mailing Address
**2101 W. COMMERCIAL BLVD., STE. 4800
FORT LAUDERDALE FL 33309**



2. Principal Place of Business

3. Mailing Address

2101 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4100

City & State

City & State
Fort Lauderdale, FL

4. FEI Number **65-0815178**

Applied For

Not Applicable

Zip

Country

Zip

Country

33309

US

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

**OLESIWICZ, TOM
2101 W. COMMERCIAL BLVD., STE. 4800
FORT LAUDERDALE FL 33309**

Name

Robert S. Forman

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

2101 W. Commercial Blvd., Suite 4100

City

Fort Lauderdale

FL

Zip Code

33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MUXO, BONNIE**
STREET ADDRESS **2510 PRINCETON CT.**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/03 **9541**
384 4748

Date

Daytime Phone #

CR2E034 (10/02)