

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088594

1. Entity Name

DAZZLING DESIGNS, INC.

DBA-JP'S BELTS N BAGS

Principal Place of Business

8000 BROWARD BLVD
T08-R
PLANTATION FL 33388

Mailing Address

1037 N.W. 170TH AVE.
PEMBROKE PINES FL 33028-2109

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90477 011 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 TAMiami TRAIL NORTH

3. Mailing Address

1900 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DBA - JP'S BELT'S N BAGS JP'S BELT'S N BAGS

City & State

NAPLES, FL.

City & State

NAPLES, FL.

4. FEI Number

65-0786298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLAZA, BERTHA A
1037 N.W. 170TH AVE.
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

BERTHA A. PLAZA

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

JP'S BELT'S N BAGS (DBA)

1900 TAMiami TRAIL NORTH

City

NAPLES

FL

Zip Code

34102

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 *Bertha Plaza*

Signature, typed or printed name of registered agent and type 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) ☐

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 PD
NAME BERTHA PLAZA
STREET ADDRESS 1037 NW 170TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE: *Bertha Plaza*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

941-403-9948

Date

Daytime Phone #

CR2E034 (9/99)