

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90215 038 \*\*\*150.00

**DOCUMENT # P97000095134**

1. Entity Name

**DIGITALO DESIGN, INC.**

Principal Place of Business

**13090 VISTA ISLES DRIVE  
SUITE 125  
SUNRISE FL 33325**

Mailing Address

**13090 VISTA ISLES DRIVE  
SUITE 125  
SUNRISE FL 33325**

133146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9144 NW 53rd Mnr**

Suite, Apt. #, etc.

3. Mailing Address

**9144 NW 53rd Mnr**

Suite, Apt. #, etc.

City & State

**Coral Springs, FL**

Zip

**33067**

Country

**USA**

City & State

**Coral Springs, FL**

Zip

**33067**

Country

**USA**

4. FEI Number

**65-0794464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GIBBS, BARRY L  
705 NE 17 WAY #5  
FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

*Barry L Gibbs*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/26/01**

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, 2001 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** ☐ Delete  
NAME **DELEON, VICTOR J**  
STREET ADDRESS **13090 VISTA ISLES DRIVE, SUITE 125**  
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **VPSD** ☐ Delete  
NAME **GIBBS, BARRY L**  
STREET ADDRESS **705 NE 17 WAY #5**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **VPD** ☐ Delete  
NAME **BERRY, BOB**  
STREET ADDRESS **ARC VILLA KB105 307-1 KURONO**  
CITY-ST-ZIP **GIFU, JAPAN 501-1-31**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **DeLeon, Victor J**  
STREET ADDRESS **9144 NW 53rd Mnr**  
CITY-ST-ZIP **Coral Springs, FL 33067**

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Barry L Gibbs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barry L. Gibbs**

**04/26/01**

Date

**(954)524-8081**

Daytime Phone #

CP2E034 (10/00)