2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90116 015 ***158.75

DOCUMENT # P98000001985

1. Entity Name
FINANCIAL DESIGNS INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
~~12290 SW 84 AVE~~	~~12290 SW 84 AVE~~
~~MIAMI FL 33156~~	~~MIAMI FL 33156~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 NW 97th Ave.	2500 NW 97th Ave
Suite/Apt. #, etc. 202	Suite/Apt. #, etc. 202
City & State Miami Fl	City & State Miami
Zip 33172 / Country Dade	Zip Fl / Country 33172

4. FEI Number 65-0807517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, JORGE A
~~12290 SW 84 AVE~~
~~MIAMI FL 33156~~
2500 NW 97th Ave
Suite 202
Miami Fl 33172

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 ________ DATE 01/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be $550.00
Make Check Payable to Department of State
158.75

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VALDES, JORGE A 12290 SW 84 AVE MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VALDES, ADA 12290 SW 84 AVE MIAMI FL 33156	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: SIGNATURE REQUIRED Jorge A. Valdes, Pres 01/11/02 305-594-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #