

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90108 011 ***150.00

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DOCUMENT # P98000013902

1. Entity Name

DFO DESIGNS, INC.



Principal Place of Business

**5105 SW 82ND ST
MIAMI FL 33143**

Mailing Address

**5105 SW 82ND ST
MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0810608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required -**

6. Name and Address of Current Registered Agent

**GAMBLE, REGITZE
5105 SW 82ND STREET
CORAL GABLES FL 33133**

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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GAMBLE, REGITZE
5105 SW 82ND STREET
MIAMI FL 33143

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

REGITZE, GAMBLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 18TH 2003
Date Daytime Phone #

CR2E034 (4/03)

Attachment 80139540
#P98000013902

TELEPHONE (305) 661-1802
FAX (305) 661-7056



REGITZE GAMBLE

5105 S.W. 82ND ST.
MIAMI, FLORIDA 33143

August 18, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

Gentlemen:

Please be advised that I did not receive a prior notice for my corporation "DFO DESIGNS, INC" and I am therefore requesting that the late fee be waived.

My check is enclosed in the amount of \$150.00 for the amount of the filing fee.

Thank you very much for your consideration.

Sincerely,

Regitze Gamble
President and
Registered Agent