

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90014 024 ***150.00

DOCUMENT # P98000039416

1. Entity Name
 Rush Design, Inc.

Principal Place of Business
 299 Alhambra Cir., Ste. 221
 Coral Gables, FL 33134

Mailing Address
 1999 S.W. 27 Avenue
 Second Floor
 Miami, FL 33145

00064076

2. Principal Place of Business
 P.O. Box 330057
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 330057
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

| | | | |
|-----------------------------------|-----------------------------------|--|--|
| City & State Coconut Grove, FL | City & State Coconut Grove, FL | 4. FEI Number 65-0839888 | Applied For <input type="checkbox"/> |
| Zip 33233-0057 | Country U.S.A. | 5. Certificate of Status Desired <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip 33233-0057 | Country U.S.A. | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
 James D. Payer
 1999 S.W. 27 Avenue
 Second Floor
 Miami, FL 33145

7. Name and Address of New Registered Agent
 Name John F. Yeager, CPA.
 Street Address (P.O. Box Number is Not Acceptable)
 300 Sevilla Ave. #215
 City Coral Gables FL Zip Code 33134

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 9/11/01

Signature, typed or printed name of registered agent and fee, 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.

FILE NOW WITH FEE IS \$150.00
After MAY 1, 2001 Fee will be \$530.00
 Make Check Payable to Department of State

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

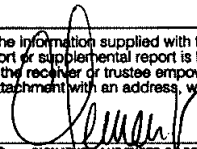
11. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| D Danielle Clement 4149 Bonita Avenue Miami, FL 33133 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D Danielle Clement 3250 matilda st. Unit B Miami, FL 33133 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/12/01 Daytime Phone # 3354453

CR2E034 (11/00)