

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045068

1. Entity Name

NU-LOOK DESIGN, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90048 047 \*\*\*150.00

Principal Place of Business

Mailing Address

6881 S.W. 5 STREET  
PEMBROKE PINES FL 33023

~~6881 S.W. 5 STREET~~  
~~PEMBROKE PINES FL 33027-3360~~

2. Principal Place of Business

3. Mailing Address

4145 SW 151 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miramar

4. FEI Number

65-0838271

Applied For

Not Applicable

Zip

Country

Zip

Country

33027

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DON, ANDREW J  
6881 S.W. 5 STREET  
PEMBROKE PINES FL 33023

Name

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

4145 S.W. 151 Terrace

City

Miramar

FL

Zip Code

33027

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

Signature, typed or printed name of registered agent and title 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME DON, ANDREW J  
STREET ADDRESS ~~6881 S.W. 5 STREET~~  
CITY-ST-ZIP ~~PEMBROKE PINES FL 33023~~

☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4145 SW 151 Terrace  
CITY-ST-ZIP Miramar, FL 33027

TITLE VP  
NAME ALVELO, JOHN  
STREET ADDRESS 450 PALM CR. WEST 104  
CITY-ST-ZIP PEMBROKE PINES FL 33025

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)