

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045068

1. Entity Name

NU-LOOK DESIGN, INC.

Principal Place of Business

6001 S.W. 5 STREET  
PEMBROKE PINES FL 33023

Mailing Address

4145 SW 151 TERR  
MIRAMAR FL 33027

2. Principal Place of Business

4145 SW 151 Terrace

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Miramar FL

City &amp; State

Zip 33027

Country

Zip

Country

4. FEI Number

65-0838271

Applied For

Not Applicable

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  
4145 SW 151 TERR  
MIRAMAR FL 33027

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/2001

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 State10. 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

CR2E034 (10/00)

TITLE PD  Delete  
NAME DON, ANDREW J  
STREET ADDRESS 4145 SW 151 TERR  
CITY-ST-ZIP MIRAMAR FL 33027TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP  Delete  
NAME ALVELO, JOHN  
STREET ADDRESS 450 PALM CR. WEST 104  
CITY-ST-ZIP PEMBROKE PINES FL 33025TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2001

Date

Daytime Phone #