

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058295

1. Entity Name

W.R. DESIGN GROUP, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90054 025 ***150.00

80043326



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5801 N FEDERAL HWY BOCA RATON FL 33487		5801 N FEDERAL HWY BOCA RATON FL 33487-4049	
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	65-0863064	Applied For	
		Not Applicable	

6. Name and Address of Current Registered Agent

RUBIN, WALTER
 5801 N FEDERAL HWY
 BOCA RATON FL 33487

RECEIVED
 MAR 20 2000
 #10859

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 _____
 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, 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D	RUBIN, WALTER 5801 N FEDERAL HWY BOCA RATON FL 33487	TITLE	NAME
<input type="checkbox"/> Delete		STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		TITLE	NAME
<input type="checkbox"/> Delete		STREET ADDRESS	CITY-ST-ZIP
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<input type="checkbox"/> Delete		TITLE	NAME
<input type="checkbox"/> Delete		STREET ADDRESS	CITY-ST-ZIP

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

3/20/00 561-999-9676

CR2E034 (9/99)