

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064791

1. Entity Name
HTMDESIGN, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90231 021 ***150.00

Principal Place of Business
6245 N FEDERAL HWY
3RD FLOOR
FT. LAUDERDALE FL 33308

Mailing Address
6245 N FEDERAL HWY
3RD FLOOR
FT. LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0858011

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANTIAGO, JOSE A
6245 N FEDERAL HWY
3RD FLOOR
FORT LAUDERDALE FL 33308

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTIAGO, ROBERTO A
1703 HAMMOCK BLVD.
COCONUT CREEK FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTIAGO, JOSE A
3463 NW 47 AVE.
COCONUT CREEK FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AGUILILLA, LIZZETTE
7322 ASHLEYSHORE CIRCLE
LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Santiago, Lizzette
2721 NW 45T
Pompano Beach FL 33062 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMIREZ, JUAN C
950 N. FEDERAL HWY., STE. #210A
POMPANO BEACH FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTIAGO, SHEILA P
1703 HAMMOCK BLVD.
COCONUT CREEK FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLLAZO, CARLOS J
950 N. FEDERAL HWY., STE. #210A
POMPANO BEACH FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 no 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

Daytime Phone #

9544536214

CR2E034 (10/00)