

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076608

1. Entity Name

RST DESIGN, INC.

FILED

Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90013 033 ***150.00

Principal Place of Business	Mailing Address
4160 N.W. 1ST AVENUE SUITE 17 BOCA RATON FL 33431	4160 N.W. 1ST AVENUE SUITE 17 BOCA RATON FL 33431-4263

2. Principal Place of Business	3. Mailing Address
5255 N. Federal Hwy Suite, Apt. #, etc. 2nd FL	5255 N. Federal Hwy Suite, Apt. #, etc. 2nd FLOOR

City & State	City & State
Boca Raton, FL	Boca Raton, FL
Zip	Zip
33487	33487
Country	Country
USA	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0859719	Applied For
		<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
STONE, RENEE X 4160 N.W. 1ST AVENUE SUITE 17 BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name STONE, Renee X
Street Address (P.O. Box Number, is Not Acceptable) 5255 N. Federal Hwy 2nd FLOOR
City Boca Raton
FL
Zip Code 33487

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 <i>Renee X Stone</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, RENEE X	NAME	STONE, RENEE X
STREET ADDRESS	4160 N.W. 1ST AVENUE	STREET ADDRESS	5255 N. Federal Hwy 2nd FL
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 <i>Renee X Stone</i>	2/11/00	561-995-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)