

2000 UNIFORM BUSINESS REPORT (UBR)

4/11

FILED

May 11, 2000 8:00 am
Secretary of State

04-10-2000 90097 045 ***150.00

DOCUMENT #

P98000082558

1. Entity Name

DESIGNER'S OUTLET INC.

Principal Place of Business

Mailing Address

3042 N.W. 82 AV.
Miami, FL 33122

2. Principal Place of Business

3042 N.W. 82 AVE.

Suite, Apt. #, etc.

3. Mailing Address

3042 N.W. 82 AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0867908

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

33122

Country

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

SUI SIN HO DE WONG
3042 N.W. 82 AVENUE
MIAMI, FLORIDA 33122

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!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE President/Director ☐ Delete
NAME SUI SIN HO DE WONG
STREET ADDRESS 3042 N.W. 82 AVE.
CITY-ST-ZIP Miami, Fl. 33122TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Vice-President/Director ☐ Delete
NAME SHUN CHI WONG
STREET ADDRESS 3042 N.W. 82 AVE
CITY-ST-ZIP Miami, Fl. 33122TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Director ☐ Delete
NAME WING WONG YUN
STREET ADDRESS 3042 N.W. 82 AVE.
CITY-ST-ZIP Miami, Fl. 33122TITLE ☐ 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

04-03-00

Date

(305) 470 4828

Daytime Phone #

CR2E034 (9/99)